

Cape Elizabeth Education Foundation
Grant Application - 2017 Fall Cycle
Deadline: October 16, 2017

Section I

School/Organization: _____

Contact Name: _____

Please specify your role in the school:

Staff: _____ Faculty: _____ Student: _____ Other (Please specify): _____

If Student, please list Faculty/Staff sponsor(s): _____

Phone: _____ School Phone: _____

Email address: _____

Mailing Address: _____

Section II

Project Title: _____

Anticipated start date: _____ Expected completion date: _____

Date funds are needed for project: _____

Brief Description of the project and objectives:

How does this project foster innovation and/or excellence?

What is the goal of your project? Specific outcomes you are looking for.

Who will it benefit? Include the expected long-term impact to educators and/or students.

How do you plan to update CEEF with your progress/success on this project? Please be specific:

- Email
- Phone call
- Class visit
- CEEF meeting
- Memorandum

Explain:

In the event that you could not fulfill your obligation to administer a grant awarded to you, whom would you designate to take over the administration of the grant award?

Designated Administrator:

Name: _____
Title: _____
Signature: _____

Does your grant involve equipment and/or technology?

Yes _____ No _____

If your answer is Yes, please complete **Section IV - Technology Addendum** attached to this application.

Have you shared your grant idea with your colleagues and the principal of your school? Yes No

Applicant Signature: _____

School Principal Signature: _____

Section III

Proposed Budget

Total amount requested: \$ _____

All costs should be CLEARLY and accurately stated to enable the committee to understand exactly what is required. PLEASE ATTACH COPIES OF ALL PRICE SOURCES AND ESTIMATES TO YOUR APPLICATION.

	COST
Purchased Services (consultants, speakers). <u>Please list each cost.</u>	\$ _____
Tuition. <u>Please list each cost:</u> (Not to include travel/accommodation costs)	\$ _____
Equipment. <u>Please list each item:</u>	\$ _____
Total Cost of Project:	\$ _____
Funds requested from other sources (Please list other funding sources)	(\$ _____)
Net Amount requested from CEEF	\$ _____

Submit completed applications to:
Cape Elizabeth Education Foundation
via e-mail: grants@ceef.us

Section IV

Technology Addendum

If your grant involves purchase of technology and/or equipment, have you verified that this technology/equipment does not exist elsewhere within the district?

If your grant involves equipment and/or technology, have you discussed with your administrator the installation and training required?

Please provide an outline/timeline for the installation and training necessary

If known, please answer the following questions in regards to technology training:

1. Number of staff that will be trained initially:
2. Beyond the initial training, will additional staff be trained and if so –how many?
3. Expected number of active users post-training/installation?

Have you consulted with the school's Technology Coordinator or Director regarding the technology request?

Applicant Signature: _____

School principal: _____

Technology Coordinator/Director: _____