



Date: _____

Fall Cycle

Spring Cycle

SECTION I

School/Organization: _____

Applicant: _____

Co-applicant: _____

Please specify your role in the school: Staff Faculty Student Other (Please specify): _____

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

Phone: _____ Email: _____

SECTION II

Project Title: _____

Anticipated start date: _____ Expected completion date: _____

Date funds are needed for project: _____

Brief description of the project and its objectives: _____

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

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

How does this project foster innovation and/or excellence? _____

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

- Email Phonecall 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). **Please list each cost.** \$ _____

Tuition. (Not to include travel/accommodation costs) **Please list each cost:** \$ _____

Equipment. **Please list each item:** \$ _____

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: _____