



MINI AND EXTRAORDINARY GRANT APPLICATION

SCHEDULE

Grant applications: Spring applications are due by **March 15**; Fall applications due by **October 15**. Please submit completed applications via e-mail to cwceinfo@gmail.com.

Applicants will be notified by e-mail when a decision is made regarding their project/program.

APPLICANTS

Teachers, Administrators, Support Staff.

CRITERIA

Applications will be evaluated on the quality of content, number of students served, potential for replication and fulfillment of district goals.

Applicants may be invited to appear before the CWCEF Board to explain their application.

If a grant is awarded, the applicant is required to give a synopsis of their project at a Board of Education Public Meeting.

FUNDING

Mini Grants are awarded up to \$500; Extraordinary Grants are those that exceed \$500. A grant may be partially funded.

EVALUATION

If an award is made, applicants are required to submit a brief description of the grant to be posted on our website.

Applicants are required to submit an evaluation no later than 30 days after the conclusion of their project/program.

TECHNOLOGY

Requests for any technology must be reviewed by the Technology Supervisor to ensure compatibility.

LIMITATIONS

Grants are awarded for supplies, equipment, software, etc. needed to implement a project/program. Equipment purchased through a grant becomes the property of the applicant during his/her employment by the CWC school district. Salaries, stipends, transportation, chaperones, snacks **will not** be funded.

QUESTIONS

E-mail questions to cwceinfo@gmail.com.



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APPLICANT INFORMATION

LAST NAME _____ FIRST NAME: _____

ADDRESS _____

SCHOOL _____ SCHOOL E-MAIL _____ PERSONAL E-MAIL _____

TELEPHONE (SCHOOL) _____ PERSONAL _____

TITLE (CHECK ONE) _____ TEACHER _____ ADMINISTRATOR _____ SUPPORT STAFF _____

ADDITIONAL APPLICANT _____

ADDITIONAL APPLICANT _____

ADDITIONAL APPLICANT _____

PROJECT INFORMATION

TITLE OF PROJECT _____ SUBJECT OR CLASS _____

TYPE OF GRANT (CHECK ONE) _____ MINI _____ EXTRAORDINARY _____

PROGRAM START DATE _____ COMPLETION DATE _____

NUMBER OF STUDENTS _____ GRADE(S) _____

SUMMARIZE PROJECT IN 1-5 SENTENCES (If grant is accepted this may be posted on the CWCEF website):



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Please attach a typed narrative describing the proposed program and include answers to all of the questions below:

1. How will students benefit from proposed program?
2. State the approximate number of students who will benefit from the proposed program.
3. Describe how and where the proposal fits within the scope of the district's curriculum.
4. Will students outside your class or club benefit from the proposed program?
5. Describe how the impact and goals of the proposed program will be measured.
6. Describe how this program can be replicated or expanded to include other schools in the district.



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PROGRAM BUDGET:

Expense Item	Quantity	Cost per Unit	Quantity x Cost
TOTAL COST OF PROJECT			
TOTAL GRANT REQUEST			

OTHER SOURCES OF REVENUE

AMOUNT

PLEASE ATTACH QUOTES FROM VENDORS.



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Reviewed by Principal: _____ Date: _____
(signature)

Reviewed by Purchasing: _____ Date: _____
(signature)

Reviewed by Technology Supervisor: _____ Date: _____
(If Applicable) (signature)

(Please Initial)

I confirm all of the information in this application is accurate. I understand this information may be shared with the CWC school system administration, prospective donors and the CWCEF website.

(Please Initial)

I agree to send an evaluation letter at the conclusion of this project, if approved, to the CWCEF at the following email address: cwcefinfo@gmail.com.

CWCEF Office Use Only: _____ Approved _____ Board approval date _____ Declined
\$ _____ Amount approved