BERT THOMAS STORYTELLING CLASSROOM GRANT APPLICATION

PROJECT INFORMATION		
Project Title:		
Lead Applicant Name:		
Date Submitted:		
School:		
School or Department Address:		
School Telephone Number:		
E-mail Address:		
If team request, please list the other tea	nm members:	
Selection Team. I further understand that, in the	he event I am awarded a grant f of the project, photos and video	Ill be at the discretion of CCEF and its Classroom Grant for the project described here, CCEF shall have the rights sof the grant in action, and results of the project. I have
Applicant	t's Signature	
I have reviewed and support this grant a	application.	
Principal	 's Signature	 Date

PROJECT OVERVIEW

Pro	pject Title:
1.	How many classes/sections will participate in this classroom project?
2.	Approximately how many students will participate in this classroom project this year?
3.	What type of project is this? □ Tactical – majority of materials purchased will be consumed during the 2023-24 school year □ Legacy – majority of materials purchased are reusable after the 2023-2024 school year
4.	Provide a brief descriptive summary of the classroom grant.
5.	Describe the population to be addressed by this grant including grades impacted and demographics.



DETAILED PROJECT INFORMATION

6	Describe the need	that this	grant will most
Ο.	Describe the need	that this	grant will meet.

7. Describe the value of storytelling experiences through the venue of options selected. How will this experience support curriculum standards? Where did the idea for this project originate? Are outcomes prescriptive or student-driven? (The answer to this question is weighed heavily in the evaluation of this application.)



8.	Describe the type of skills students will learn from the project experience and how the skills relate to real-world application.
	For example, through the project students will apply engineering skills to build bridges. Math skills, critical thinking and problem-solving skills will also be required to successfully build the bridge.
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9.	State the major objectives of the project and how you will determine whether your project successfully met your objective(s). (Please ensure you provide specific information on measurement).
9.	
9.	
9.	
9.	
9.	
9.	



PROJECT INFORMATION (cont.)

What will happen to the project at the conclusion of the grant? In what ways will the project be shared with other students and/or educators?
Please complete Project Budget & Funding Worksheet on the next page.



PROJECT BUDGET AND FUNDING

1.	To fully implement the project, what is the <u>TOTAL</u> project budget?		\$	
2.	What amount are you requesting from CCEF as part of this project	t? (up to \$500) \$		
3.	Will additional funds besides this grant be used for the project?		Yes	□ No
	If yes, please indicate where the additional funds will come from to c	complete the proje	ect:	
		Funding commitment		
	Source of funds	received (Y/N)		Cost
	Cabarrus County Education Foundation (requested amount in question #2)	N	\$	
	Funds from		\$	
	Funds from		\$	
	Funds from		\$	
	Total Amount of Funds		\$	
	(should match amount of total project budget in question #1)			

4. **Total Project Expense** (provide an itemized list of items to be purchased for the overall project – if you need additional space, please include an additional sheet of paper)

Items to be Purchased	Quantity	Cost	Check items to be purchased with CCEF grant
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total Cost of Project	_L	\$	
(should match Q#1 in Project Budget & Funding section))		

