



CCEF GRANT REQUEST

DUE OCTOBER 30, 2026 at 5:00PM

I request consideration for the following grant opportunities (You may select multiple choices. CCEF also reserves the right to grant your request for another type of grant at their discretion.)

- | | |
|--|---|
| ☐ PK-12 th Grade Grant | ☐ David Fitts Community Service Grant |
| ☐ Bert Thomas Storytelling Grant | ☐ Strick Dalton Innovative Classroom Grant |

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 team members: _____

I understand that the awarding of all grants and the amount of any grant shall be at the discretion of CCEF and its Classroom Grant Selection Team. I further understand that, in the event I am awarded a grant for the project described here, CCEF shall have the rights to publicize this grant including a description of the project, photos and videos of the grant in action, and results of the project. I have read and agree to abide by all guidelines and requirements of this grant.

Applicant's Signature

Date

I have reviewed and support the submission of this grant application.

Principal's Signature

Date

PROJECT OVERVIEW

Project Title: _____

1. How many classes/sections will participate in this classroom project? _____

Note: A classroom is considered a section of different students that you teach/utilize the grant with. A club is considered one classroom unless you utilize the grant with more than 1 group of students.

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 2026-27 school year

☐ Legacy – majority of materials purchased **are reusable** after the 2026-2027 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 student demographics.

DETAILED PROJECT INFORMATION

6. Describe the need that this grant will meet.

7. Explain how this project is creative and innovative? Where did the idea for this project originate? Are outcomes prescriptive or student-driven? (The answer to this question is heavily weighted for the Strick Dalton Innovative Classroom grant.)

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.

DETAILED PROJECT INFORMATION (cont.)

9. Describe the CCS educational standard(s) that the project will support.
10. 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).*
11. 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?

GRANT SPECIFIC QUESTIONS

DAVID FITTS COMMUNITY SERVICE GRANT: To be considered for this grant, please answer the following.

Please describe how community service will be integrated into this project? What impact will the grant make for the Cabarrus community whether that be the classroom, school community, the community at large?

BERT THOMAS STORYTELLING GRANT: To be considered for this grant, please answer the following:

Storytelling can take many forms. Describe how storytelling is incorporated into this grant. If applicable, 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.)

PROJECT BUDGET AND FUNDING

1. To fully implement the project, what is the **TOTAL** project budget? \$ _____
2. What amount are you requesting from CCEF as part of this project? (up to \$1,000) \$ _____
3. Besides this grant, will additional funds be needed for this project? ☐ Yes ☐ No

If yes, please indicate where the additional funds will come from to complete the project:

Source of funds	Funding commitment received (Y/N)	Cost
Cabarrus County Education Foundation (should match Q2 above)	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 (should match Q#1 in Project Budget & Funding section)		\$	