

DAVID FITTS COMMUNITY SERVICE 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 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 this grant application.

Principal's Signature

Date

DETAILED PROJECT INFORMATION

5. Describe the need that this grant will meet.

6. How will community service be integrated into this grant?

7. Describe the impact this grant will have on the Cabarrus community?

DETAILED PROJECT INFORMATION (cont.)

9. How will students be integrated into this community service opportunity?

10. How many community members (estimated) will be impacted by this grant? _____

11. 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.)

12. Describe the CCS educational standard(s) that the project will support.

13. Describe how this project enhances the curriculum including how the project is creative and innovative and if the outcomes are prescriptive or student-driven.

DETAILED PROJECT INFORMATION (cont.)

14. State the major objectives of the project and how you will determine whether your project successfully met your objective(s). *(Please be ensure you provide specific information on measurement).*

15. 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?

PROJECT BUDGET AND FUNDING

- To fully implement the project, what is the total overall project budget? \$ _____
- What amount are you requesting from CCEF as part of this project? (up to \$500) \$ _____
- 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 complete the project:

Source of funds	Funding commitment received (Y/N)	Cost
Cabarrus County Education Foundation (requested amount in question #2)	N	\$
		\$
		\$
		\$
Total Amount of Funds		\$
(should match amount of total project budget in question #1)		

- Total Project Expense** (provide an itemized list of items to be purchased for the overall project)

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)			