STRICK DALTON INNOVATION CLASSROOM GRANT APPLICATION

DUE NOVEMBER 1, 2024 at 3:00PM

PROJECT INFORMATION		
Project Title:		
Lead Applicant Name:		
Date Submitted:		
School:		
School or Department Address:		
School Telephone Number:		
Email Address:	ail Address:	
If team request, please list the other tea	ım members:	
Selection Team. I further understand that, in t	he event I am awarded a grant for the project, photos and video	Il be at the discretion of CCEF and its Classroom Grant or the project described here, CCEF shall have the rights s of the grant in action, and results of the project. I have
Applicant	t's Signature	Date
I have reviewed and support this grant a	pplication.	
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 2024-25 school year □ Legacy – majority of materials purchased are reusable after the 2024-2025 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 wil	l meet.
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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 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.
9.	Describe the CCS educational standard(s) that the project will support.



DETAILED PROJECT INFORMATION (cont.)

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?



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	ct? (up to \$1,000)	\$	
3.	Will additional funds besides this grant be used for the project?		☐ Yes	□_N₀
	If yes, please indicate where the additional funds will come from to o	complete the proje	ect:	
		Funding commitment		
	Source of funds	received (Y/N)	Cos	t
	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 budge	et 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 & Fund	ling section)		

