CCEF Pre-K - 12th Grade 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

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 2022-23 school year
	□ Legacy – majority of materials purchased are reusable after the 2022-2023 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 meet.
7.	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.)

8.	Describe the CCS educational standard(s) that the project will support.
9.	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.)

10.	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).
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?
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PROJECT BUDGET AND FUNDING

	Total Amount of Funds		\$		
			\$		
			\$		
			\$		
	Cabarrus County Education Foundation (requested amount in question #2)	N	\$		
	Source of funds	Funding commitment received (Y/N)	Cost		
If	No If yes, please indicate where the additional funds will come from to complete the project:				
. W	Vill additional funds besides this grant be used for the projec	☐ Yes ☐			
. W	Vhat amount are you requesting from CCEF as part of this proj (up to \$750)				
. 1	o fully implement the project, what is the <u>total overall</u> project be				

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

(should match amount of total project budget in question #1)

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

