**Canterbury Education Foundation**

**GRANT Application**

The mission of the Canterbury Education Foundation, Inc., is to provide financial

support for educational  projects, programs, and initiatives that foster innovation and excellence in the Canterbury Public Schools.

Submit this completed form with required signatures to: Canterbury Education Foundation, 45 Westminster Road, Canterbury, CT 06331-1538

Application Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade(s) and/or Subject(s) Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Start Date and Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overview:**

Briefly describe your project concept and its innovative or creative qualities. Please describe how it will engage students, enhance their learning and the curriculum, or promote advancement of skills that support the goals of the Canterbury Education Foundation.

**Projected Number of Targeted Students:**

Number directly involved in project: Students \_\_\_\_\_\_\_\_ Teachers \_\_\_\_\_\_\_\_ Grade levels \_\_\_\_\_\_

Number indirectly impacted: Students \_\_\_\_\_\_\_\_ Teachers \_\_\_\_\_\_\_   Grade levels \_\_\_\_\_\_

Requested Grant Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date by which funds are needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Canterbury Education Foundation**

Please list your project goals (you may list as few as one and up to four)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will this project be implemented?

How will know that you’ve met projected goals?

Should your grant application be approved, will the program be able to sustain itself after the grant has expired?

If yes, how?

**On a separate sheet, please provide an itemized budget for the expenses you anticipate for the project.**

Have you sought funding from other sources (i.e. PTO, other grants)? If yes, please describe those sources and how this grant would work with those funds.

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**Responsibilities of Grant Recipients:**

The Project Director (grant recipient) is required to meet CEF regulatory requirements as stated by the IRS, to submit a completed CEF Evaluation Form within three (3) months following completion of the project. The form is posted on our website.

Any funds not used for the approved project must be returned at the end of the project date to the CEF.

Signatures of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CES or BMS Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent