

Cary 26 Education Foundation Grant Application

Grant (please check one):			
Teacher <input type="checkbox"/>	School <input type="checkbox"/>	District <input type="checkbox"/>	Other <input type="checkbox"/>

Name: _____

School: _____

Phone: _____ **Email Address:** _____

Grant Project Title: _____

Applicant's Signature: _____ **Date:** _____

This grant is consistent with the School Improvement Plan and/or District 26 goals and not a duplication or replacement of district resources. I accept the obligation, should I be awarded a grant, to document the project, complete a final report, and if requested, make a verbal and/or visual presentation of my project before the Education Foundation and their guests.

Principal's Signature:* _____ **Date:** _____

District Signature:** _____ **Date:** _____

Please submit one copy of the completed application to:
Cary 26 Education Foundation
P.O. Box 426, Cary, IL 60013

* Principal Signature required for Teacher, School Grant applications

**Superintendent or Director of Curriculum Signature required for District, Other Grant application

Cary 26 Education Foundation Use Only:		
Grant Application: FY _____		
Date	Initials	
_____	_____	Grant Application Received
_____	_____	Review Status: Approved: _____ Provisional: _____ Declined: _____
_____	_____	Letter to Grant Applicant
_____	_____	Phone call to declined application made by: _____
_____	_____	Receipts or accounting of expenditures & funds disbursed
_____	_____	Summary report received

Grant Application Guidelines:

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1. Please complete the Five (5) questions to the best of your ability
2. Please briefly answer each question
3. The grants are approved on a scoring system of the first 4 questions
4. The grants will be approved first by the Grants Committee and then by the Foundation

1. DESCRIBE YOUR PROJECT IN DETAIL:

2. WHAT ARE THE GOALS OF YOUR PROJECT and APPROXIMATE NUMBER OF STUDENTS INVOLVED (immediate and future)?

3. DESCRIBE YOUR PASSION FOR THIS WORK/EFFORT

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4. PROVIDE ADDITIONAL INFORMATION - Please list:

- ∞ Attachments (printed documentation) – write see attached and provide documents
- ∞ Websites used
- ∞ Supporting documentation
- ∞ Additional comments to help support your project

5. DETAIL YOUR BUDGET REQUEST:

- ∞ Be specific and accurate (Total budget amount must be equal to amount requested)
- ∞ Line items expenses are extremely beneficial, when evaluating a project
- ∞ Funds will not be awarded for budgeted items available from District 26 resources (including textbooks, school supply inventory, etc.)
- ∞ Teacher stipends cannot be considered for funding.

Total Grant Amount Request: \$ _____

Item or Service

Estimated Expense

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____