

**www.caefoundation.org**

**CAEF GRANT REQUEST FORM**

**GENERAL INFORMATION**

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| --- | --- | --- | --- |
| **Project Title** |  | | |
| **# of Participants that will be served** |  | | |
| **Applicant(s)** |  | **Date:** | **/ /** |
| **Contact Person(s)** |  | **Grade(s)** |  |
| **Position(s)** |  | **Phone** |  |
| **School/Organization** |  | **Email** |  |
| **Address** |  | | |

**PROJECT INFORMATION**

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| **Project Summary (75 words or less)** |
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| **Describe the need for your project and the target population to be served in the Centennial community.** |
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| **Describe your program and how it will benefit the population you identified above.** |
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| --- | --- |
| **Approximate date project will begin:** |  |
| **Approximate date project will end:** |  |

**IMPLEMENTATION INFORMATION – What resources will be used to implement your project?**

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| --- | --- |
| **Name and position of individuals working on project** | **Service provided** |
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| **Indicate others that may be involved in implementing this project (do not include those already listed as participants to be served).** | | |
| **Number** | **Group (e.g. other students, parents, community members)** | **Type of Involvement** |
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| **Please itemize the total cost of your project.**  *Reminder: Per CAEF Guidelines, we do not generally support transportation, food, salaries, or capital asset purchasaes within our grant awards, because they are outside of the foundation’s scope and mission. Feel free to inquire if you have any specific questions.* | | |
| **Equipment/Materials/Labor, etc.** | **Cost** | **Source** |
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|  |  |  |
|  |  |  |
| **TOTAL:** |  |  |

**FUNDING--Please indicate any other sources of funding for this project.**

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| --- | --- | --- | --- |
| **Source for Funding** | **Approached**  **Y/N** | **Funds Granted Y/N** | **Amount Committed** |
| Personal Funds |  |  |  |
| District Funds |  |  |  |
| Other external funding sources (please identify) |  |  |  |
| **Total Funds Committed from Other Sources** | **$** | | |
| **Total funds requested of the CAEF Fund:** | **$** | | |

|  |  |
| --- | --- |
| **If CAEF is unable to fully fund this request, would partial funding be helpful or not?** | |
|  | Yes *(explanation optional):* |
|  | No |

**EVALUATION**

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| **How will you evaluate the success of your program? What measurement tools will you use to determine the effectiveness of your program?** |
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| **How is your proposed project consistent with the mission of the Centennial Area Education Foundation?** |
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| **If awarded, please issue the check to…** |
| **Payable To:**  **Mailed To (include name and address):** |
| ***NOTE: Grant recipients will not be notified of outcome until April.*** |

**I have read and understand the Grant Guidelines as posted on the CAEF website. I understand that if I receive a grant from CAEF, the funds must be used exclusively for the project proposed on this request form and that I will retain receipts, invoices, or other proof of how the money was spent for tax records. I will return any unused funds allocated for this proposal to CAEF within 12 months. I grant CAEF permission to publicize any funded programs for educational and/or communication purposes. I understand that an allocation committee will review applications and the CAEF Board of Directors makes final decisions. I understand that I must complete a Post-Grant Summary Report form, and if requested, make a presentation to the CAEF Board of Directors at the conclusion of the activity or project.**

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| Signature of Applicant(s) |  | Date |
|  |  |  |
| Signature of Principal/Supervisor/Designee (If Applicable) |  | Date |

**Please email to:** [**thecaef@gmail.com**](mailto:thecaef@gmail.com)

**- or -**

**Mail to: CAEF, PO Box 4, Circle Pines, MN 55014**