**CCSF Logo Final no Words.tiffEducational Projects & Grants Application**

**Circleville City School Foundation**

|  |  |  |
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| Name of Applicant: |  | |
| Title/Position:  *(include school if appropriate)* |  |  |
| Telephones: | H/W: | C: |
| Office email: |  | |
| Home email: |  | |
| Name(s) of Collaborator(s) | 1.  2. | |
| Title(s)/Position(s):  *(include school if appropriate)* | 1  .  2. | 1.  2. |
| Office emails: | 1.  2. | |
| Home emails: | 1.  2. | |
| Total Amount you are seeking: | $ | |

Complete Sections A and B and obtain required signatures before submitting to ***Educational Projects and Grants Committee.*** Email completed application to Committee Chair or leave a copy in Superintendent’s office at the High School.

*Continued on next page*

1. **Details of Project or Grant**

**Respond to the following 4 questions as fully as possible. The box will expand to accommodate your responses.**

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| 1. **Provide a description and relevant details about your proposal: (Attach informational materials, brochures, articles if helpful.)** |

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| 1. **Describe why this proposal is relevant, valuable or important in meeting the Foundation’s mission of ”enriching educational opportunities”:** |

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| 1. **Identify how the funds will be utilized and describe the activities, research, experiences, and how it will improve the educational experience, knowledge or effectiveness of:**   **1) students; 2) teachers; 3) the overall curriculum; or 4) the district’s, or school’s, effectiveness and educational success: (Comments on possible short or long-term value for the district, school or community are also welcome.)** |

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| 1. **Is this application a one-time request?** Yes ☐ No ☐   **If NO - Is it likely that funding for this project will be needed to continue or implement in subsequent years?** Yes ☐ No ☐  **If NO - what are other sources of possible funding?** |

**This application should be discussed with the school Principal, other teachers and administrative personnel. Please include signatures of the school Principal, other collaborating teachers or administrative personnel (when appropriate) to indicate**

**support and approval of this proposal.**

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Signature of Applicant Date

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Signature of Collaborator 1. Date

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Signature of Collaborator 2. Date

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| --- | --- | --- |
|  |  |  |

Signature of Administrative Personnel *(if applicable)* Date

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| --- | --- | --- |
|  |  |  |

Signature of School Principal Date

1. **Budget Details**

**Please provide a detailed budget of how you anticipate the support funds should be provided.**

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| --- | --- | --- | --- |
| **Item** | **Description/Title** | **Date**  **Needed By** | **Amount** |
| Initial Deposit  *(if necessary)* |  |  |  |
| Payments  *(if needed)* |  |  |  |
| Final Amount |  |  |  |
| **TOTAL** |  |  |  |

1. **CCSF Approvals**
2. **Budget Details**

This Project/Grant Application has been reviewed by the Circleville City School Foundation committee.

**This** **application has been approved** Yes ☐ No ☐

Date of Committee Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Full Board Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of CSSF Projects & Grants Chair Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of CSSF Chair Date

xc: CCSF Treasurer

Applicant(s)