

Caledonia Education Foundation

PO Box 353

Caledonia, MI 49316-0353

UNRESTRICTED GRANT

Dear Grant Applicant:

The goal of the Caledonia Education Foundation Grant Committee is to make the process of applying for a grant easy for the applicant and effective for the Grant Committee. There are informational grant writing workshops in September and February, providing insight and assistance to the process. Please call our office for specific dates and times. It is always easiest to address questions prior to the Grant Request deadlines. Please contact the Caledonia Education Foundation Office at 616-891-8185, ext. 7319 or via e-mail at info@caledoniacef.org.

 **Grant Application Deadlines**

 NOVEMBER 1 and APRIL 1

If this date falls on a weekend, applications will be accepted through the following Monday.

Thank you for your efforts, we look forward to giving your application our full consideration.

The Grant Committee

**Caledonia Education Foundation Mission Statement**

The purpose of the Caledonia Education Foundation is to promote our community of learners by identifying, enhancing or initiating those programs that are not or would not normally be underwritten by the Caledonia Community School District.

To that end, the Foundation will encourage excellence in educational activities for all learners.

While the Foundation is independent in organization and responsibility, its clear intention is to pursue the above goals in close cooperation with the Caledonia Community School Board, Administrators, Teachers, Students, and Community.

**Caledonia Education Foundation Grant Application**

The following will be the basis for funding/denying the Grant Request:

1. Active, hands-on student involvement that enhances benchmark skills as identified by Caledonia Community Schools
2. A partnership involving Caledonia Community Schools with Business and/or Community
3. Benefit the Caledonia Community

**Grant Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Overview of the Project and Goals** (this will be used for PR purposes)**:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Applicant’s Group/Organization/Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide details documenting the project’s ability to meet or exceed the mandatory Grant Criteria. Attach additional pages and detail if you are unable to demonstrate the project’s merits in the space below.**

1. ***Active*, hands-on student involvement that enhances benchmark skills as identified by Caledonia Community Schools**

Explain Caledonia student involvement and 1 or 2 specific Michigan Standards and Benchmarks that will be supported by this project:

 Please tell us the number of students and adults involved, how they will be selected, and explain the specific benefits to students and projected outcome.

2. **A partnership involving Caledonia Community Schools with Business and/or Community**

Explain the partnership and be sure to list the specific Caledonia school (educators), business/community partner(s) by name and specifically the responsible parties by name.

3. **Caledonia Community Benefit**

Since the Caledonia Community financially supports the Foundation, our grants should in some way benefit the community at large. How will this grant impact the community?

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| --- | --- |
| Partners  | Name(s), Title(s) and Phone(s) |
| Caledonia Schools |       |
|       |
|       |
|       |
| Business and/or Community |       |
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4. **Expected Impact on Students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**About the Grant funds you are requesting…**

Explain how the funds will be used.

1. How will the grant dollars be spent? Please itemize.
2. When will the money be spent? (approximate month and year)
3. Describe matching funds, donations of services or products from business/community partners.

**Extra consideration is extended to Grant Requests with a provision for matching funds or “in-kind” donations of products and/or services.**

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| --- | --- | --- | --- |
| **Item** | **Proposed Expense $** | **Date** | **Partner Donations** |
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| **TOTAL AMOUNT** |  |

**8. Please attach any promotional materials, brochures, or documentation that helps explain the program/project if applicable.**

**9. You will be expected to share with us the results of your grant, i.e. pictures, video, written summary, email, etc.**

**The Caledonia Education Foundation has an interest in making sure funds and programs are going to be used and implemented as proposed. A report documenting actual spending will be required as a part of fulfilling your grant commitment.**

Please have the responsible parties acknowledge their support of this project and the grant request by signature below:

Grant Writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_/\_\_/\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Principal/Director/Superintendent:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_/\_\_/\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community/Business Partner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_/\_\_/\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community/Business Partner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_/\_\_/\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit completed application to the Caledonia Administration Office**

**P.O. Box 353, Caledonia, MI 49316 \* 616.891.0732 \* info@caledoniacef.org**