

For CPSF use only

Grant Number: \_\_\_\_\_

Grant Cycle: \_\_\_\_\_



# CLAREMORE PUBLIC SCHOOLS FOUNDATION SEMI-ANNUAL GRANT APPLICATION FORM



Phone 918-341-7535

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is this a team Proposal?      Yes (If yes, list team members below)      No

School site: \_\_\_\_\_ Applicant's Position: \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Title of Project: \_\_\_\_\_

Total Dollar Amount Requested: \_\_\_\_\_

By my signature, I am acknowledging that I believe this proposal will enrich the quality of education for Claremore Public Schools students and is worthy of funding by the Claremore Public Schools Foundation. If awarded, I will fulfill all the terms of this grant in a timely basis. Furthermore, I acknowledge that failure to comply with the terms of this grant may result in future grants being declined.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I am acknowledging that I believe this proposal will enrich the quality of education for Claremore Public Schools students and is worthy of funding by the Claremore Public Schools Foundation. I have reviewed the grant application and hereby acknowledge that the application is complete and the information contained within it is true to the best of my knowledge.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# CLAREMORE PUBLIC SCHOOLS FOUNDATION SEMI-ANNUAL GRANT APPLICATION FORM

Phone 918-341-7535



Title of Project: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Total Dollar Amount Requested: \_\_\_\_\_

Type of Project:	Classroom Grant	Expert in Residence
	School Site Grant	Professional Development

If only partial funding is available for this grant, will you accept partial funding?      Yes      No

If no, please explain: \_\_\_\_\_

If yes, please explain how you will complete the funding or modify the grant if only partial funding is provided:

Community and parental involvement are important to our schools. Sometimes additional sources of funding are available. Please list the other sources of funding you have pursued, the amount requested and the amount available from each:

Source	Attempted Funding (Yes/No)	Amount Requested	Amount Available
District Funds			
School Activity Fund			
PTO			
Student/Parents			
Discounted Prices			
Business/Community			
Other:			

Please write a brief paragraph describing your project:

Revised July 2011

Please answer the following questions on a separate paper and attach as part of the application:

1. Briefly describe this project and the need for it. (15 points)
2. What are the major objectives of this project? (25 points)
3. What grade level(s) will be affected by this project? Approximately how many students will benefit from this project per year? What is the potential for expansion of this project to other grade levels and/or schools? (10 points)
4. What, if any, additional materials, transportation, etc. will be required from the District to implement this project?
5. List a chronological time schedule which includes, as applicable: completed lesson plan(s), ordering/receipt of materials, actual classroom implementation, evaluation, and any other significant dates. (5 points)
6. How will you evaluate whether your objectives have been achieved? (A written project evaluation is REQUIRED at the completion of the project.) (10 points)
7. The mission statement of CPSF is to “enrich the quality of education in the Claremore Public Schools.” Please explain how your grant would fulfill our mission. (25 points)
8. Please tell the Allocations Committee any additional information that you think we should know.
9. Please use the PROPOSED EXPENSES form to detail your grant request. List each budget item and include such costs as transportation, shipping and other incidental charges.  
**NOTE:** Claremore Public Schools Foundation grant funds should *not* be used to purchase food or meals. (Revised 10/1/02) (10 points)
10. **Technology.** If your grant request has a technology component (for example: computers, software, digital media or other computer related materials), approval from the director of Technology is required before submitting your grant request to the Foundation. Please attach a TECHNOLOGY CONSENT FORM signed by the director of Technology to your grant application if applicable.
11. **Special Services.** If you are requesting a grant that falls within the department of Special Services, approval from the director of Special Services is required before submitting the grant request to the Foundation. Please attach a SPECIAL SERVICES CONSENT FORM signed by the director of Special Services to your grant application if this applies to your grant request.

**Request may be sent through inter-school mail to the CPSF, or mailed to  
Claremore Public Schools Foundation  
P.O. Box 575, Claremore, OK 74018-0575**



Revised July 2011

**CLAREMORE PUBLIC SCHOOLS FOUNDATION  
COMPUTER TECHNOLOGY CONSENT FORM**

Title of Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

Proposed Equipment (To be completed by applicant):

Comments of Technology Director:

_____ Approval of Technology Director	_____ Date
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Revised July 2011

**CLAREMORE PUBLIC SCHOOLS FOUNDATION  
SPECIAL SERVICES CONSENT FORM**

Title of Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

Proposed grant (To be completed by applicant):

Is there any other money available for this project? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

Comments of Special Services Director:

\_\_\_\_\_

Approval of Special Services Director

\_\_\_\_\_

Date