



TEACHER GRANT APPLICATION

DATE: \_\_\_\_\_

TEACHER NAME: \_\_\_\_\_

SCHOOL/GRADE/ROOM NUMBER: \_\_\_\_\_

PRINCIPAL'S APPROVAL/SIGNATURE: \_\_\_\_\_

Total Amount requested from CARE: \$ \_\_\_\_\_

Total Budget: \$ \_\_\_\_\_

Purpose of the Grant (be as descriptive as possible. Please tell us the grade level and number of students who will benefit from this grant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does this project relate to your curriculum? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide photos or other materials that you have permission to share publicly from the funded activity so that CARE can demonstrate donor funds at work.

\_\_\_\_\_

**CARE FOUNDATION**  
**PO Box 770**  
**Cloverdale, CA 95425**  
**cusdcare.org**

*A non-profit 501(c)(3) organization.*



## GRANT APPROVAL CRITERIA

Grants will be approved on a case-by-case basis according to the following guidelines:

The grant should:

1. Be of direct academic, cultural or artistic benefit to students.
2. Be cost effective with funding not available through usual District channels.
3. Operate within a realistic time frame.
4. Involve as many students as possible.
5. Grant should be approved prior\* to the purchase of program materials.  
*\*the CARE Board meets monthly*
6. Grants are not awarded to individual students.
7. Grants are not awarded for staff development.
8. Preference will be given to new and innovative programs.

CARE is particularly interested in strong programs initiated at the school sites that will demonstrate innovative and effective ways to directly meet the needs of students, enhance student achievement and increase motivation to learn. Each proposal should address high priority needs at the school.

NOTE: All reimbursement will take place through the District Office.

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