



Signature of Principal/Supervisor: _____
In signing this application, I am certifying that this proposed project would be a good use of funds for our school or department.

Total Amount Requested: _____ **Make Check Payable To:** _____

This Project Is:

☐ **A new innovative grant project**

☐ **A request to continue a project that was previously awarded CEF funding support** (if you check this, be sure to explain in your Project Description why you feel your program/activity deserves to be funded again).

☐ **Churchill Elementary School***

☐ **Washington Elementary School***

☐ **Submitting a joint proposal was declined* (please explain on page three, budget box #1).**

Evaluation (if granted in past):

Project Description

1. **Provide a thorough description of the project and the need it addresses. How does this project align with the CEF mission: *Cloquet Educational Foundation provides opportunities for academic, artistic, athletic, cultural and social growth for children and youth in the Cloquet area by financially supporting programs and activities.* Explain the duration of your project (i.e. two weeks, one year) and if available, data to support your project. (Limit your response to 200 words or less.)**

2. **Specifically, how will your project improve, advance, or enrich student learning? (Limit your response to 100 words or less.)**

3. **How does this project support at least one of the District Priorities:**
 - *“plan/provide first-rate technology & access to technology for our students & community”*
 - *“continue to promote understanding and appreciation of cultural & socioeconomic diversity”*
 - *“emphasize high standards/expectations & improve social behaviors”***(Limit your response to 100 words or less.)**

Budget	
Include in the budget lines below, items that the CEF grant funds will pay for and the cost of each item. (example: 50 nonfiction books for the CMS Media Center, Cost \$750 (\$15 x 50 books) Please note: The CEF DOES NOT fund transportation, staffing, or curriculum.	
Item	Cost
Total Cost	
1. Submitting a joint proposal between elementary schools was declined <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain here):	
2. Describe why your requested amount is justified in regard to impact and / or the number of student participants: (Limit your response to 100 words or less.)	
3. Can this project be implemented with partial funding: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain here:	
4. Have you requested funding from other sources for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. If yes, please list the names of the funding sources and the status of the request:	
<p>The CEF Board of Directors reserves the right to select or reject any or all proposals. By submitting this application, if you are selected for an award, you agree to do the following:</p> <ul style="list-style-type: none"> • Submit a final report describing your project and its benefits by the deadline indicated. • Submit at least two pictures of your project electronically, for use in promoting CEF grants. • Publicly recognize the Cloquet Educational Foundation as a financial supporter of this project. • Provide us with student written letters of appreciation from those who were served by this grant (these letters are sent to donors with the formal thank you letter from CEF). 	

Please send your completed form by the deadline, MONDAY, April 15, 2024 to:

Jody Acers, Executive Director, *jacers@isd94.org

***Cloquet Educational Foundation, 302 14th Street, Cloquet, MN 55720, Fax: (218) 879-6724**

***If you have questions, please call contact Jody at (218) 879-3806**