P.O. Box 1568
Cambria, CA 93428

# 2011 Dare to Dream Grants

Cambria Education Foundation (CEF), a non-profit corporation, is proud to provide a unique opportunity for the Coast Unified School District. Staff seeking funding to introduce new programs, enhance existing programs, or attend professional development workshops are encouraged to apply for a grant. Grants will be available at each of the four campuses and an additional grant will be set aside to specifically assist the ELD (English Language Development) Program.

CEF is looking for innovative, exciting projects that have high student impact. For grant ideas and past CEF grant success stories, please visit CEF's website at www.CambriaEducationFoundation.org.

- Applications are available at all school offices or may be downloaded from the CEF website: www.CambriaEducationFoundation.org.

- Check with your site administrator to ensure there are not site or district monies to fund your project.

- Applications must be signed by your site administrator. Allow time for your administrator to submit the grant application to superintendent for signature. The original and eight copies must be mailed to P.O. Box 1568, Cambria, CA 93428 or turned into your school librarian.

- All applications must be received by Monday, April 25, 2011.

- Recipients will be notified by Friday, May 6, 2011.

- Grants will be awarded Friday, May 13, 2011 at the CEF Annual *Celebration of Education*.

Requirements if you are awarded a grant

- Funds must be spent by the end of the 2011 – 2012 school year or will revert back to the CEF general fund.

- Any changes in expenditures from those stated on the original grant application require prior approval by the CEF Board of Directors.
- The CEF Board of Directors must be notified in a timely manner of any major problems that will prevent completion of the project.
- Identify CEF as the funding source on all publicity related to your project.
- Submit an evaluation/feedback report detailing your use of the funds and results achieved (form to be provided) and include any photos, essays authored by affected students, or other examples of student work from your project.

- Questions? Please call Karen McManus at 909-8225.

**NAME OF PROJECT:**_____

**APPLICANT'S NAME:**_____

**DATE:**_____

**GRADE LEVEL/SUBJECT:**_____**SCHOOL:**_____

**SCHOOL ADDRESS:**_____**SCHOOL PHONE:**_____

**HOME PHONE:**_____**EMAIL:**_____

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**1. DESCRIPTION: Describe your proposed project.**

**2. GOAL STATEMENT: Briefly state your goal for this project and describe how it will impact the students/staff.**

- Who will be involved? How many students will this impact and how often?
- Where will this project take place?
- If attending professional development conference/workshop, please indicate how you will share the information with the other staff members.

**3. PROJECTED STARTING DATE:_____** (month/year)

**PROJECTED COMPLETION DATE:_____**(month/year)

**4. TOTAL FUNDS NEEDED: $_____**

- Please complete itemized budget.

- Any unused funds will be reverted back to CEF.

Itemized Expenses

_____$_____

_____$_____

_____$_____

_____$_____

_____$_____

_____$_____

_____$_____

Subtotal: $_____

Tax: $_____

Shipping Charges: $_____

**TOTAL FUNDS: $_____**

_____ _____

Signature of Applicant Date Submitted

There are currently no district or site monies available to fund grant request.

_____ _____

Signature of Principal Signature of Superintendent