



CB CARES EDUCATIONAL FOUNDATION  
*Making a difference one classroom at a time.*

## INNOVATIVE LEARNING GRANT APPLICATION

Please submit your completed Innovative Learning Grant application to [info@cb-cares.org](mailto:info@cb-cares.org) with "ILG Application – [Name of School]" in the subject line.

### Innovative Learning Grant Project Title and Date

---

### Project Summary

Please provide a short narrative of your innovative grant; this description will be used in all grant program publications.

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

### Grant Category:

Select all categories that apply to your project. (Project must identify at least one.)

STEAM (Science, Technology, Engineering, Arts and Math)  
LEADERSHIP AND CAREER READINESS  
ENVIRONMENTAL EDUCATION  
STUDENT WELLNESS

### Project Reach:

Number of students to be impacted: \_\_\_\_\_ Grade level(s) impacted: \_\_\_\_\_

### Grant Applicant(s) Name, School, and Email (please include all applicants):

Name: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

**A. Project Narrative:** Please complete the following questions in the space provided; be sure to include how the Developmental Assets apply to your narrative (<https://cb-cares.org/developmental-assets/>). If you need additional space for your answers, please include supplemental pages to your application.

1. Briefly describe your project objectives and goals and how it relates to the funding category you have identified. Define the plan and project including what will the project involve, which students will participate, who will manage the project, where will it take place, project timeline resources needed, support needed and expectations and skill sets required by students. If this grant request is to be considered for early action – please explain why.

2. What are the expected student learning objectives and goals of your project?

3. Specify how this project is an **innovative** to teaching and learning. What is the relationship of your project to the CBSD curriculum and standards that best fit your project? Is this a one-time project or an on-going project – include timeline/project schedule. What are the follow-up activities and what criteria will be used to evaluate the success of the project? Identify what tools will be used to evaluate these criteria. Can this project be duplicated sustained or expanded?

4. Describe all technology and equipment (nonexpendable items more than \$500) requested for this project. How is the equipment essential to the student outcomes and goals for your project?

**B. Project Budget:** Please provide the estimated expenses from vendors and list by category. The maximum grant award is dependent on the number of grant applications received and funding sources from EITC partners.

<b>Expenses Category</b>	<b>Description</b>	<b>Amount</b>
<b>Material &amp; Supplies</b> (Include all expendable or consumable items)		
<b>Professional Development/Presenters</b> (Include all fees and travel expenses related to bringing in outside professionals or presenters)		
<b>Travel</b> (Include all students, teacher/staff related travel costs)		
<b>Equipment</b> (Include all non-expendable items that exceed \$500 per item. Explanation and description of equipment/technology must be included in the project narrative)		
<b>Additional expenses</b>		
<b>Total Expenses</b>		

Please include other funding sources for this project:

<b>Source</b>	<b>Amount Committed</b>	<b>Secured</b>

**C. Additional Requirements:**

- a. Notify CB Cares EF when your grant project will be executed to attend and for photo opportunities, social media, and/or press releases.
- b. All ILG recipients should identify CB Cares EF as the educational and funding source for the grant related printed materials, equipment, displays, and communications.

Please include CB Cares EF logo where applicable and tag us on social media –  
Twitter @CBCaresEF & Facebook @CBCaresEducationalFoundation

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date



*Thank you for making a difference one classroom at a time.*