



CCCF
Grant Application
2022-2023

Title of Proposed Project:

Primary Contact Person:

Email address: Cell Phone #:

Position/ Title:

School or Organization Affiliation:

Mailing Address:

By signing below, we confirm that we have read the attached guidelines for grant submission and approval and we agree to abide by the established terms.

Signature(s) Date

Proposals should be typed and submitted to: **Crawford Central Community Foundation, PO Box 902, Meadville, PA, 16335**. The CCCF reserves the right to partially fund projects, depending on available resources. Proposals may also be scanned and emailed to crawcentfound15@gmail.com. A "Request To Apply for a Grant Award" must also be completed from the Crawford Central School District. The form may be found on the school district's intranet site (www.craw.org).

Please respond to the questions below. Requests for field trips require signature approval by the District Administrator. *(Please refer to sections 6 and 7 regarding signatures needed)*

1. To which funding line are you submitting your request? Please circle below.

The Project Fund

The Emergency Fund

Please indicate by circling below to which application deadline you are submitting your request. Applications must be postmarked by the submission deadline. (Emergency Fund applications may be submitted at any time.) Every effort will be made to review proposals within 30 days of receipt.

October 15

May 15

2. **Describe the project or materials for which you are seeking funding.** Reminder to please refer to the Grant Guidelines before completing the application. There must be a “Pay it Forward” component to your project.

A. Project Description:

- Is your **PIF** Unique? - Are all of the impacted students involved with the **PIF**?
 - Does your **PIF** benefit the school and/or community at large?

B. Pay-It-Forward (PIF) Description:

3. How will **this grant** impact the school community or community at large?

4. Timeline –

A. If your funding request is approved, when will purchases be made?

B. When will the grant project begin?

C. When will the Pay-It-Forward be delivered and/or presented?

D. When is the grant project projected to be delivered/presented/completed? (For ongoing projects, please state projected time frames)

5. What is the amount of funding you are seeking (Max. CCCF Grant is \$1000)? - \$ Use the **Sources and Uses Table** below to provide a detailed budget for the project or materials. Please **include all sources of funds and uses of funds** in this chart.

Within 6 months of grant approval, the following must be completed:

- Grant Project must be completed and documented
- Pay-it-Forward must be completed and documented
- Invoices for payment must be received by the board for approval

If projects cannot meet the 6-month deadline after being awarded please contact crawcentfound15@gmail.com

Please include the name and address to whom payment should be made:

NAME:

ADDRESS:

Please list all uses of funds for your request, including all items to be purchased as well as sales tax, shipping charges, etc.

Sources		Uses	
Requested CCCF Grant Amount			
Total Sources		Total Uses	

The total sources must equal the total uses.

6. For all grant requests: The signature below indicates that you have submitted your request to

the appropriate office of the Crawford Central School District and have received their approval to proceed with your funding request. **We cannot move your application forward without this signature as well as the “Request To Apply for a Grant Award”** found on the school district’s intranet site (www.craw.org).

Building Principal Signature: Date:

7. Field Trip Requests- Please attach a **copy with required signatures** of the Crawford Central School District Field Trip Form, “Request for Permission to Attend Conference/Visitation Day”.
The Crawford Central Community Foundation will NOT cover transportation services.