

2024-2025 Calallen Education Foundation

Mini-Grant Request Form

*Please type your responses, complete all questions and submit with all attachments in one PDF to educationfoundation@calallen.org one week in advance of application presentation meeting.*

**Applicant Name**:

**Campus/Department**:

**Email**:

**Phone**:

**Title of Presentation**:

**Overview/description of how funds will be used:**

**Briefly explain what TEKS you can accomplish with funding:**

**Have you looked at other resources for funding**? **Explain**

**Approximately, how many staff and students will be impacted in the first year should this request be funded?**

**Principal approval signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **This is a new line item this year. Please have your Principal sign off on the validity of the grant requested.**

**Total amount needed (up to $500)**:

If your request consists of products and /or equipment, please provide at least three vendor quotes. Quotes for technology must be provided by the CISD Technology Department.

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| --- | --- | --- | --- | --- | --- | --- |
| **Budget Item** | **Vendor** | **Unit Cost** | **Warranty****Cost** | **Shipping** | **Quantity** | **Total Cost** |
|  |  |  |  |  |  |  |