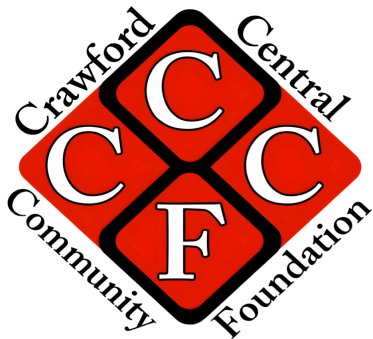




CCCF
Grant Application
2025 - 2026

Title of Proposed Project:

Primary Contact Person:

Preferred Email Address:

Cell Phone #:

Position/ Title:

School or Organization Affiliation:

School or Organization 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) or via this

LINK: https://drive.google.com/file/d/1-Xzv2-uLI0N_3_ToXi3cSrvkKZhAyAdR/view?usp=sharing

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 the application deadline you are applying to. Applications must be postmarked by the submission deadline. Every effort will be made to review grant proposal applications within 30 days of receipt.

Wednesday, October 15 (Fall) Thursday, January 15 (Mid-Winter) Sunday, March 15 (Spring)

EMERGENCY FUND - Why do **YOU** consider this funding request an EMERGENCY? What prevented you from applying during our 3 funding cycle opportunities? (Refer to the Grant Guidelines).

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: (If you need assistance in choosing a "Pay It Forward" idea, refer to Exhibit A and read the Guidelines).

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 \$1,200) - \$ 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	
CCCF Grant Funds Requested			
Total Sources	\$ -	Total Uses	\$ -

Here is an example of a Sources & Uses table where the total project costs exceed the \$1,200 maximum grant:

Sources		Uses	
CCCF Grant Funds	1,000.00	New shirts	500.00
Booster Club Funds	250.00	New pants	500.00
		New socks	200.00
		New hats	50.00
Total Sources	1,250.00	Total Uses	1,250.00

Here is an example of a Sources & Uses table where the total project costs are less than the \$1,200 maximum grant:

Sources		Uses	
CCCF Grant Funds	800.00	New shirts	300.00
		New pants	300.00
		New socks	150.00
		New hats	50.00
Total Sources	800.00	Total Uses	800.00

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. It is **YOUR** responsibility to complete and obtain the signatures needed for the CCSD "Request To Apply for a Grant Award" in advance of submitting the Crawford Central Community Foundation's Grant Application. **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.