

2025 Council Rock Education Foundation (CREF) Innovative Learning Grant Application

The Council Rock Education Foundation (CREF) seeks to fund innovative projects/programs that elevate educational opportunities for Council Rock School District's (CRSD) students beyond the annual CRSD budget. CREF values projects that enhance CRSD Curriculum and positively impact students, encouraging a lifelong love of learning.

Important Information:

1. Read through the **CREF Grants Guidelines** and full application so you have all the needed documents ready to submit. <http://creducationfoundation.org/grants/cref-innovative-learning-grant-application/>
2. **Upload itemized project budget and signature sheet** for submission (both can be downloaded from this application).
3. Applications must be completed electronically through the online portal. Hard copies will not be accepted.
4. Incomplete applications will not be considered.
5. Budget should not include taxes (CRSD/CREF are tax exempt organizations), or funding for transportation, lodging, and meals.

Signatures Needed:

Please allow ample time to review and acquire necessary signatures:

- **Principal(s) or Administrator(s) where project will take place**
- **Curriculum Coordinator**
- **Director of IT** to ensure compatibility of project equipment, applications, software, etc. if applicable.
- **Business Administration** to ensure feasibility of any projects that alter CRSD facilities or require special equipment if applicable.

If you have any questions, please contact CREF at office@creducationfoundation.org

* Indicates required question

1. Email *
-

Applicant's Information

2. **Main Applicant's Name ***

3. **Main Applicant's Position ***

4. **Main Applicant's School/Department ***

5. **Main Applicant's Cell Phone Number ***

6. **What type of Innovative Learning Grant are you applying for? ***

Mark only one oval.

- Teacher/Classroom Grants (single CRSD school; up to \$6,000)
- Districtwide/Collaborative Grants (throughout multiple CRSD schools; up to \$10,000)
- CRSD Alumni Grant (Social Studies; up to \$5,000)

7. **District Wide/Collaborative Grants** must include at least one **applicant** name from each participating school plus the principal/administrator's name. Please include below. They must also sign the signature page.

Project Background Information

8. **Project Title:** *

9. **Project Location:** (Select all that apply.) *

Check all that apply.

- Council Rock North
- Council Rock South
- Holland Middle School
- Newtown Middle School
- Churchville ES
- Goodnoe ES
- Hillcrest ES
- Holland ES
- Maureen M. Welch ES
- Newtown ES
- Richboro ES
- Rolling Hills ES
- Sol Feinstone ES
- Wrightstown ES
- STAR Center
- Other: _____

10. **Grade Levels Benefiting:** (Select all that apply.) *

Check all that apply.

- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Achieve Students
- Sloan School

11. **Main Curricular Area:** *

Mark only one oval.

- STEAM
- Science
- Technology/Computer Sciences
- Arts and Humanities (visual arts, music, theater, and dance)
- Engineering
- Mathematics
- Language Arts (reading, writing, speaking, and listening)
- English Language Development (ELD)
- Social Studies (civics and government, economics, geography, and history)
- Physical Education
- Health & Wellness
- Special Education
- Business/Economics
- Counseling
- Career/Vocational Education
- Foreign Language
- Other: _____

12. **Secondary Curricular Areas:** (if applicable)

13. **Curriculum Support:** How does this project support the CRSD curriculum (state standards)? *

Innovation

14. **Project Description:** *
Briefly describe your project. What makes it unique? How will it enhance educational outcomes?

15. **Distinctive Features:** How is your project different from similar initiatives in the district? *

16. **Student Impact:** Approximately how many students will directly benefit from your project? *

Demonstration of Need

17. **Current Situation:** *
- What are existing conditions, challenges, and needs related to your project?

18. **Project Solution:** *
- How will your project address these challenges and meet the needs of students and educators?

19. **Sharing Results:** *

How will you share the results and successes of your project with others?

Comprehensive Plan

20. **Goals and Objectives:** *

What do you hope to accomplish with your project?

21. **Timeline:** *

Outline a realistic schedule for the implementation of your project, including key milestones and deadlines.

22. **Completion Criteria:** *

How will you know your project has ended and your goals are achieved?

23. **Success Metrics:** *

How will you measure the success of your project? (e.g., test scores, rubrics, surveys, anecdotal notes, etc.)

24. **Project Sustainability:** *

How will you sustain the project after the grant period ends? Discuss plans for long-term sustainability. If further funding is needed to sustain your project, what are potential funding sources?

25. **Scalability:** *

Can the project be used and/or duplicated by other classrooms, grades, or schools? Explain

Grant Budget:

26. **Amount Requesting** *

27. Please give a brief overview of what you are planning to purchase and how it contributes to the project's success (1-3 sentences). *

Itemize all costs associated with the grant request. Use the form attached. Upload any supporting documents such as budget, quotes, invoices, or "screen shots" of online shopping carts. Please note - transportation costs are not covered.

Itemized Project Budget - please save this image, complete it, and then upload it below.



Grant Application Budget Page

Please itemize all costs associated with the grant request. Upload any supporting documents such as quotes, invoices, or "screenshots" of online shopping carts. ***Please note, the quote should be valid until purchase (typically Fall 2025).***

Important Instructions from the Business Office should your grant application receive funding:

- If you are purchasing a product with a unit cost greater than \$1,000, please provide documentation of a minimum of three (3) quotes. Requisitions that do not have this information attached will be rejected. If it is impossible to get quotes because only one vendor provides the product, please document this in the notes of the requisition.
- If you are purchasing an item that is on one of the bid lists, please ensure that the bid number and item number are noted on the requisition form. If it is not included, the requisition will be rejected.
- Please note, taxes, transportation, lodging, and meals will not be funded.
- If you have any questions, please contact the CRSD Business Office directly.

| Materials and Supplies | Qty | Amount | Total |
|------------------------|-----|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| Equipment | | | |
| | | | |
| | | | |
| | | | |
| Subscriptions and Fees | | | |
| | | | |
| | | | |
| | | | |
| Total Cost | | | |

28. Itemized Project Budget - please upload *

Files submitted:

29. **Additional Funding Sources:** Include any additional components of the project to be funded by other sources (e.g., PTO, curriculum budget, or other grants). Describe how these funds will expand or enhance the scope of the project.

30. **Budget Modification:** *
Can your project be modified if cost saving measures are needed? Please explain.

Signatures of Support

Please sign and obtain signatures from each building principal impacted by the project, your appropriate curriculum coordinator, IT, and Business office if applicable.

Signature Page - please save this image, complete it, and then upload it below.



Grant Application Signature Page

****all signatures required unless noted****

If more than one building is involved, please have each building administrator sign this page.

By signing this document, all parties confirm that the proposed project/program adheres to CRSD curriculum.

Name of Grant Project _____

Applicant(s) Name

Applicant(s) Signature

District Curriculum Coordinator Name

District Curriculum Coordinator Signature

Building Administrator Name

Building Administrator Signature

IT Director Name (if applicable)

IT Director Signature (if applicable)

**Dir. of Business Administration Name
(if applicable)**

**Dir. of Business Administration Signature
(if applicable)**

Date submitted _____

31. Signature Page - Please upload *

Files submitted:

Terms of Acceptance of Funds

Upon grant approval, applicant will be asked to submit periodic updates, provide photographs/video/written information of the implementation of the project/program as described in the application, and share project/program completion information and assessment of project outcomes at a quarterly CREF board meeting.

Grant funds will be disbursed after July 1, 2025 for the 2025-2026 school year.

All grant applicants agree to submit a completed interim and final GRANT SUMMARY REPORT before December 31, 2025 and June 30, 2026 respectively. If awarded, these templates will be provided to you.

Funded applicants must identify the Council Rock Education Foundation as the funding source in all written/spoken discussions/promotions and in displays of work related to the funded project.

32. If awarded, I agree to the terms of acceptance of funds. *

Check all that apply.

Yes. I will comply with the terms of acceptance.

33. I understand that by checking this box, I agree to submit my final application to CREF for review. *

Check all that apply.

Yes, this application is final and complete.

34. The Foundation has my permission to share the **Project Description** of this project on the CREF website and collateral. *

Check all that apply.

Yes

All Grant Winners are invited to attend the Grant Winners Reception and Introduction to the Board of School Directors.

All applicants will be notified by May 9, 2025 as to the status of their application.

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