



2615 Sierra Meadows Drive
Rocklin, CA 05677

Rocklin Educational Excellence Foundation
GRANT APPLICATION COVERSHEET
2019-2020 School Year

The goal of the REEF Allocations Committee is to select projects for funding that identify and address needs, challenges, and interest unique to the students in the Rocklin Unified School District. When describing a proposed project or program, please keep in mind that it should be something above and beyond what might be normally funded through the school district General Fund budget.

Date submitted: _____ Dollar Amount Requested: _____

Project/Program Title: _____

School: _____

Applicant Name and Title: _____

Grade Levels: _____

Contact Phone: _____

Applicant primary contact email: _____

Acceptance of Conditions and Affirmations by Applicants

1. As a condition of this grant, I will complete an evaluation form at the completion of the project/program.
2. As a grant applicant I declare that I have no conflict of interest as defined in the conflict of interest policy of REEF.
3. As a grant applicant I understand that REEF requires me to use grant funds only for the purposes for which the grant was made. I agree to return any funds, which are not used for same purpose.
4. As the grant applicant I agree to provide to REEF, in a timely manner, a final written evaluation of the program and a final accounting of how grant funds were used.
5. As the grant applicant, I acknowledge the authority of REEF to withhold and/or recover grant funds in case such funds are or appear to be misused or in the event the grant applicant is unable to administer the project.
6. As the grant applicant, I understand that it is my obligation to use REEF funds solely for the enhancement of the educational experience of the students of the Rocklin Unified School District and that my actions should further the mission of REEF.

I certify that I wrote this grant or was part of a team that wrote this grant.

Name of Applicant: _____

Signature: _____

I have reviewed this grant application and agree that it coincides with the goals and curriculum objectives of the Rocklin Unified School District.

Name of Principal: _____

Signature: _____

Please forward completed application through mail to:

Rocklin Educational Excellence Foundation
2617 Sierra Meadows Drive, Rocklin, CA 95677

Submit electronic copy to: info@rocklineducationfoundation.org



GRANT APPLICATION

2019-2020

PROJECT TITLE: _____

1. Please provide a description of the project/program and the need(s) that it addresses.

2. Approximately how many students/faculty will be affected by this project/program?

Directly: _____ Indirectly: _____

3. What grade levels will benefit from this grant? _____

Please briefly explain the benefits:

3a. What are the major objectives of the project/program?

OBJECTIVE #1

OBJECTIVE #2

OBJECTIVE #3

OBJECTIVE #4

OBJECTIVE #5

3b. For each objective in question 3a, what do you perceive the results of your grant to be, and how will the project/program impact the students it served?

OUTCOMES FOR OBJECTIVE #1

OUTCOMES FOR OBJECTIVE #2

OUTCOMES FOR OBJECTIVE #3

OUTCOMES FOR OBJECTIVE #4

OUTCOMES FOR OBJECTIVE #5

4. What materials will be needed to implement the project/program? *(Include samples, pictures, specific descriptions, etc. that may help in the review process.*

5. Give a time schedule of implementation.

6. Provide a detailed explanation of your budget request. Include specific information and accounting on materials and equipment, sources, costs, transportation, shipping and handling, etc.