Grant title: __________________________________________________________________________

Grant requested by: ____________________________________________________________________
Select one: Admin | Teacher | Parent | Student | Other

Grant contact phone: ____________________________________________________________________

Grant contact email: ____________________________________________________________________

Amount requested: ______________           Date requested: ________________________

Grant recipients (who/how many benefit from the grant?): ______________________________________________________________________

Grade(s) supported: ______________        Subject area: ______________________________________________________________________

Purpose or description of the grant: ____________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Attach any additional information to the back of the form.

Grants are approved by committee based upon the following criteria: number of students impacted,
relevance to curriculum or filling a gap, enrichment or inspiring learning in imaginative ways, feasibility
of implementation, reusability, and other factors.

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Grant request approved by the CPA Board:       YES       NO

________________________________________________________________________________________

CPA Grant Committee            Date

Budget Line Item: ____________________________________________ Amount: ______________

Budget Line Item: ____________________________________________ Amount: ______________