

# FOCUS

Friends Of Carmel Unified Schools

## TEACHER INITIATED SMALL and LARGE GRANT REQUEST:

All grant requests will be prioritized and evaluated according to the following criteria:

1. **Small Grant Requests** will be reviewed monthly and are **not to exceed \$1,000.00**. Requests must be processed through the **Site Principal and District Superintendent** prior to FOCUS consideration. Currently requests must reach FOCUS by the **Second Monday of each month (September - May)**.

**Large Grant Requests** will be reviewed once a year for grants **exceeding \$1,000.00**. **Deadline** for FOCUS consideration is as follows: **Site Principal: First Monday in March; District Office: Second Monday in March** (may be reviewed by District Administration and/or Committees; **Superintendent: Third Monday in March; FOCUS Board: Last Monday in March**. FOCUS/Teacher Interviews will be scheduled the **First Week in April**. Distribution of funds in May.

2. Requests must align with district educational goals and objectives.
3. Creative program development and enhancements are highly recommended.
4. Payroll, maintenance, capital improvements, field trips, and most consumable items will not be considered.
5. Grant requests must include a full description of item(s) to be purchased (attach pictures, price list, or illustrations when possible). List whether this is a site, departmental or individual request and the number of students affected. Include name(s) of other organizations you have requested funding from for this item or project and their response.

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Please complete the following information. Staple all attachments to request form when applicable. You will be notified in writing immediately after approval/disapproval by the FOCUS Board.

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DEPT/GRADE LEVEL \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NUMBER OF STUDENTS AFFECTED: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

Include tax, shipping & handling

HAVE YOU REQUESTED FUNDING FROM OTHER SOURCES FOR THIS GRANT? Y\_\_\_ N\_\_\_  
If "YES", PLEASE IDENTIFY AND STATE CURRENT STATUS. \_\_\_\_\_

**DESCRIPTION OF ITEM(S) REQUESTED AND EXPLANATION OF USE:**

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FOCUS USE ONLY: Request No. \_\_\_\_\_ Amount \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_ Letter \_\_\_\_\_

**For CUSD Administration Use Only:** Please attach additional forms if applicable.

**SITE PRINCIPAL:** DATE RECEIVED: \_\_\_\_\_ DATE MET WITH TEACHER: \_\_\_\_\_

COMMENTS & RECOMMENDATIONS:

RECOMMEND FOCUS FUND: \_\_\_\_\_ REFER TO SITE/DISTRICT FOR FUNDING: \_\_\_\_\_

DO NOT FUND: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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**DISTRICT ADMINISTRATOR/COMMITTEE REVIEW:** DATE RECEIVED: \_\_\_\_\_

COMMENTS & RECOMMENDATIONS:

RECOMMEND FOCUS FUND: \_\_\_\_\_ REFER TO SITE/DISTRICT FOR FUNDING: \_\_\_\_\_

DO NOT FUND: \_\_\_\_\_ SIGNATURE/TITLE: \_\_\_\_\_

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**DISTRICT SUPERINTENDENT:** DATE RECEIVED: \_\_\_\_\_

COMMENTS & RECOMMENDATIONS:

RECOMMEND FOCUS FUND: \_\_\_\_\_ REFER TO SITE/DISTRICT FOR FUNDING: \_\_\_\_\_

DO NOT FUND: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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