



Mt. Carmel Education Foundation

Mt. Carmel High School, 9550 Carmel Mountain Road, San Diego, CA 92129 858-484-1180

Grant Application

MCEF coordinates and organizes funding opportunities for worthy educational projects, enrichment programs, educational initiatives, and other educational supplies at Mt. Carmel High School.

Submit to: **Shirley Williams, place in MCEF box in lounge** Deadline: **September 27, 2015**

Applicant's Name: _____ Position: _____

Phone: _____ Email: _____

Project Title: _____

Description of Request: _____

This project (check all that apply):

- Purchases a fundamental educational supply
- Enriches the educational experience
- Is a one-time cost
- Has a plan to measure results
- How many MCHS will benefit? _____
- Is on-going and will need continual financial support

What other funding sources have been explored? _____

Total Requested Grant Amount: \$ _____ (Please complete information on back)

I understand that as a recipient of a grant from the Mt. Carmel Education Foundation:

1. Grant funds will be paid either directly to the material supplier or as a reimbursement.
 - a. For direct payment to supplier, please provide an invoice or purchase order.
 - b. For reimbursement, please provide an original receipt showing payment for the materials.
2. Any non-consumable material purchased with MCEF funds will remain the property of the school site.
3. Any funds not spent in the grant request will remain with the MCEF. The grant must be fulfilled with 90 days of the approval date otherwise the grant may be cancelled unless prior extension is granted.

Applicant's Signature _____ Date: _____

For MCEF Use Only

Amount Approved: \$ _____ Date Approved by MCEF: _____

Amount Paid: \$ _____ Date Paid: _____ Check # _____

Chairperson/Treasurer Signature _____



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Requested Grant Amount: \$ _____

Installation \$ _____

Service Agreement \$ _____

Sales Tax \$ _____

Delivery Fee \$ _____

TOTAL Requested \$ _____

by _____

term _____

If your grant request includes multiple items, please complete:

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Name: _____ Email: _____