2019
CAL COAST CARES FOUNDATION EDUCATOR GRANT PROGRAM

Cal Coast Cares Foundation is proud to present the Educator’s Grant program to provide monetary support to the educational community by funding learning opportunities for students in the STREAM subject categories of science, technology, reading, engineering, arts and math in San Diego or Riverside Counties.

Eligibility Guidelines:
1. Eligible institutions include: K-12 public and private charter schools, community and state colleges/universities in San Diego and Riverside counties.
2. The focus of the grant must address a clear and compelling STREAM-related classroom project that is not federal or state funded.
3. Application must indicate clearly defined, realistic and measurable goals and objectives for the project.
4. Lead teacher must provide evidence of teaching experience and knowledge of project subject matter.
5. Application must include a detailed project budget and how funds from Cal Coast will be used.
6. A completed evaluation report must be submitted within one year of funding to apply and be eligible for future funding.
7. Submit a grant application packet with all required components, to Cal Coast Cares Foundation, postmarked no later than August 9, 2019. Incomplete applications will not be reviewed. Please send application to:
   Cal Coast Cares Foundation
   ATTN: Marjorie Rice
   P.O. Box 502080,
   San Diego, CA  92150-2080
8. Applicant must be employed by the institution for which they are applying.
9. Please note that grant awards typically range from $500 to $2,500.
10. Proposed project must be for an in-classroom project.

B. Each grant will be payable no later than December 31, 2019. The grant check will be made payable and mailed to the school or college noting the grant recipient’s name.

C. The award will be determined by the Grant Awards Committee appointed by the Cal Coast Cares Foundation Board.

D. Credit union staff, officials and their families are not eligible to participate in the grant program.

E. For questions: Community Relations Department - (858) 636-4233

Please note: Grantees are eligible to reapply after 1 year of receipt of funds and upon successful and timely completion of all required grant reports.

- 1 -
CAL COAST CARES FOUNDATION
EDUCATOR GRANT APPLICATION

COVER SHEET

Applicant/Teacher Name: ____________________________________________________________

Address: _______________________________________________________________________

City: __________________ State: ______________ Zip__________________________

Phone: (____) ______________ Email Address: ________________________________

Social media (Facebook etc.) address: __________________ (optional)

SCHOOL

Name of school as it should appear on grant award check: ___________________________

Type of school: ____________ (K-12 public and private charter schools, community and state
colleges/universities)

Principal’s Name: ____________________________

Address: _______________________________________________________________________

City: __________________ State: ______________ Zip__________________________

Phone (____) __________________ Email Address: ________________________________

Subject area of the Grant (Science, technology, reading, engineering, arts and math)
_____________________________________________________________________________

One sentence description of project: ______________________________________________

_____________________________________________________________________________

Amount of funding requested: ____________________________________________________
NARRATIVE

PLEASE ATTACH ANSWERS TO THE FOLLOWING QUESTIONS: No more than 2 pages please (12pt font if typed).

1. Describe your teaching experience and knowledge of the subject matter (Science, technology, reading, engineering, arts and math).

2. Describe the need for the grant and how the grant will be used.

3. How many students will be impacted?

4. How do you plan to evaluate the project?

5. Provide any additional information to support your application.

REFERENCES

Provide names and addresses of two references who support the grant and attach their letters of reference.

REFERENCE 1
Name: _______________________________________________________________________
Address: ______________________________________________________________________
Phone: _______________________________ Email address: ______________________

REFERENCE 2
Name: _______________________________________________________________________
Address: ______________________________________________________________________
Phone: ________________________________ Email address: ______________________

The grant application must be received or postmarked no later than August 9, 2019:

Cal Coast Cares Foundation
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