



# 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: Tom McFadden, tomm@gpw.cpa

Deadline: **September 30, 2024**

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 \$ \_\_\_\_\_

by \_\_\_\_\_

term \_\_\_\_\_

**TOTAL Requested** \$ \_\_\_\_\_

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: \_\_\_\_\_