



## EDUCATIONAL GRANT APPLICATION

1. Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 2. Applicant email : \_\_\_\_\_ Phone: \_\_\_\_\_  
 3. Applicant address: \_\_\_\_\_  
 4. School: \_\_\_\_\_  
 5. Proposed Project: \_\_\_\_\_  
 6. Project Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Project to begin on: \_\_\_\_\_ Completed by: \_\_\_\_\_

8. Approximate number of students to be involved: \_\_\_\_\_ Grades: \_\_\_\_\_ Others (specify) : \_\_\_\_\_

9. Potential for project duplication by others: \_\_\_\_\_

10. Methods of Evaluation: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

11. Other possible sources of funding for project: \_\_\_\_\_

12. Budget Request:

Proposed Item	Amount
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

Signed: \_\_\_\_\_  
*Applicant*

Signed: \_\_\_\_\_  
*Principal*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed application and signed Statement of Assurances (pages 1 & 2) by FAX 252-473-1668 (attention: CWRS), scanned and emailed to [info@coastalwildliferefuge.com](mailto:info@coastalwildliferefuge.com), or mailed to CWRS, P.O. Box 1808, Manteo, NC 27954. An email stating awareness of statement of assurances from the principal is acceptable in lieu of signature.

For CWRS Use Only: Grant Number: \_\_\_\_\_

Please read the following assurances, sign, and return with your application to indicate your understanding and acceptance of the requirements for participation in the CWRS Educational Grant Program.

### STATEMENT OF ASSURANCES

*The recipient organization understands and gives full assurance that:*

- All CWRS funds will be used for the specific purposes indicated in the grant application; funded field trips must be to a national wildlife refuge or refuge sponsored event and coordinated with Refuge staff, Steven Brumfield (steven\_brumfield@fws.gov 252-473-1132 X 224).
- Any funds not expended during the school year in which the project is approved will be forfeited. Applications may be re-submitted the following year to extend a project or begin a new project.
- Project staff will share information regarding the project's success/failures with others who may benefit by duplication of the project.
- An Accountability form with a project evaluation will be provided to CWRS ASAP after the project's completion.
- Documentation/invoices will be provided to CWRS ASAP after the project's completion.
- The Coastal Wildlife Refuge Society shall be given prominent recognition as a sponsor of the program in all presentation and publicity materials. The CWRS logo should appear with the following statement whenever possible: ***This project is supported by a grant from Coastal Wildlife Refuge Society, supporting eastern North Carolina National Wildlife Refuges.***
- CWRS /USFWS have permission to use any photos to promote the grants program or other CWRS/Refuge activities. In addition, copies of any products resulting from projects must be made available to CWRS/USFWS for promotional purposes.

The awarded applicant, its successors and/or assignees agree to indemnify and hold the CWRS and the US Fish & Wildlife office, its directors, both individually and collectively, and employees thereof harmless from any and all monetary liability, loss, or damage which the applicant, its directors and employees, both individually and collectively, or any students under their care may suffer as a result of claims, demands, costs of judgments against them or any other damage or loss of any nature whatsoever resulting from or which in any way arise out of the awarded applicants project.

Signed: \_\_\_\_\_  
*Applicant*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Principal*

Date: \_\_\_\_\_

# Educational Grant Accountability Form

(Complete after project)

1. Applicant's Name: \_\_\_\_\_ Position: \_\_\_\_\_

2. School : \_\_\_\_\_ Educational Grant Number: \_\_\_\_\_

3. Project Evaluation (describe how project goals were met, successes, failures) :

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4. Describe the project's impact on students/school/community:

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5. Number of students involved: \_\_\_\_\_ Grades: \_\_\_\_\_ Number of others involved: \_\_\_\_\_

6. Project began on: \_\_\_\_\_ Ended: \_\_\_\_\_

7. Describe how project has been shared with others: \_\_\_\_\_

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8. Amount of Grant: \_\_\_\_\_ Amount Spent: \_\_\_\_\_

9. Funds spent from other fund sources: \_\_\_\_\_

10. Other Comments:

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**Documentation:**

Invoices should be submitted to CWRS for payment ASAP after project is complete. Total of invoices may not exceed the total amount of the grant. We need to know to whom the check should be made and to what address it should be mailed. Along with any invoices they may be faxed to 252-473-1668 (attention: CWRS), scanned and emailed to [info@coastalwildliferefuge.com](mailto:info@coastalwildliferefuge.com), or mailed to CWRS, P.O. Box 1808, Manteo, NC 27954.

Signed: \_\_\_\_\_  
*Applicant*

Signed: \_\_\_\_\_  
*Principal*

Date: \_\_\_\_\_

Date: \_\_\_\_\_