



FY12 CFE Small Grant Award Contract

CFE Grant Number: S1112- _____		(Lead) Teacher Name: _____	
Budget: \$ _____	Team Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Address: _____	
Primary Email: _____		City, ST: _____	Zip: _____

Please answer the following questions to help CFE track how funds are being awarded (*optional*). Gender: F M Other

Race/Ethnicity: African-American White Latino Asian/Pacific Islander Native American

Congratulations! The Chicago Foundation for Education is pleased to offer you a Small Grant for the spring semester of 2012. To accept your award, (a) fill in the information noted (referring to your offer email for grant number and budget), (b) read the requirements noted below, (c) secure the necessary signatures, (d) make a copy for your records, (e) complete the required IRS Form W-9 and (f) return this contract via fax by Monday, December 19, 2011. If you are NOT able to accept this award and implement your project, please let us know *as soon as possible*; we may be able to fund another teacher. ***Please note that failure to return this contract and IRS Form W-9 by Monday, December 19, 2011 may result in the termination of this grant award.***

SMALL GRANT IMPLEMENTATION PLEDGE:

1. I will fully implement my project within my Chicago Public School during the spring semester of 2012.
2. I will notify CFE immediately with any changes to my account email address, assigned school, personal contact information, or status of collaborating teachers. I understand that email will be the primary means of communication.
3. I am aware that a CFE volunteer observer may visit my classroom. I will respond promptly to any communication from my observer to set up a mutually convenient observation date prior to May 25, 2012.
4. I will submit my Final/Expense Report, all project receipts, and any unspent funds to CFE no later than June 4, 2012.
5. If requested, I will complete the online template and submit my project to CFE's online Lesson Plan Database no later than June 4, 2012. I understand that if my project is selected for online publication, it will be available for educators worldwide to access and download for implementation.
6. I will deposit/cash my grant check within 60 days of issuance. I understand that failure to do so may result in forfeiture of grant funding. I further understand that there will be a \$30 charge to have a check reissued.
7. I understand that failure to comply with any of the above criteria will make me ineligible for any further CFE grants until September 2013. I further understand that if I do not submit all project receipts and/or unspent funds, my award will be reported to the IRS as taxable income.

I accept this Small Grant, will fulfill the criteria above, and have secured the appropriate signatures below.

I am unable accept this grant offer.

(Lead) Teacher Signature

Date

Social Security Number (required)

(Lead) Teacher School

PRINCIPAL PLEDGE: I will support my teacher(s) as she/he/they fulfill(s) the responsibilities of this grant.

Principal Signature

Date

Principal Name

Principal School

(IF APPLICABLE) TEAM MEMBER PLEDGE: I will support my Lead Teacher in fulfilling the responsibilities of this grant.

Teacher 2

Date

Teacher 3

Date

Teacher 4

Date