CATHOLIC EDUCATION FOUNDATION OF ONTARIO MICHAEL CARTY AWARD FOR INITIATIVES IN CATHOLIC EDUCATION

APPLICATION FORM - 2023 ADD EXTRA PAGES WHERE NECESSARY		DO NOT WRITE IN SHADED COLUMN
Name of School/Unit		
Address		
Name and Position of Contact Person Submitting Application	n	
Telephone:	E-mail:	
Name of School/Unit		
Address		
Name of Director / Supervisory Officer		
Telephone:	E-mail:	
1. TITLE OF INITIATIVE		
2. OBJECTIVES OF INITIATIVE:		
2. OBJECTIVES OF INITIATIVE:		
3. WHEN WILL THE INITIATIVE START?	Finish?	

CEFO 80 Sheppard Ave. E. Toronto, ON M2N 6E8 Tel: (416)229-5326 Fax: (416)229-5345 Email: cefo@tcdsb.org Web Site: www.cefontario.ca

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1	WHAT ACTIVITIES WILL BE INCLUDED IN THE INITIATIVE?	
7.	WHAT ACTIVITIES WILL BE INCLUDED IN THE INITIATIVE.	
5.	WHAT NEEDS/SITUATIONS WILL BE IMPROVED BY THIS INITIATIVE?	
6.	WHO WILL PLAN AND IMPLEMENT THE INITIATIVE?	
7.	WHO WILL EVALUATE THE INITIATIVE? HOW?	

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8. How Does this Init Whole Person?	IATIVE REFLECT THE MISSION AND GOALS OF CATHOLIC EDUCATION TO DEV	ELOP THE
9. How does this init	IATIVE CONNECT TO YOUR CURRICULUM PROGRAM?	
10. How does this ini	TIATIVE REFLECT THE GOALS OF YOUR SCHOOL, YOUR PARISH & YOUR COMM	AUNITY?
To. How bots this ha	TATIVE REFERENCE THE GOALS OF TOUR SCHOOL, TOUR TARISH & TOUR COMM.	
1.0 PREVIOUS APPLICATIO		
	L/UNIT PREVIOUSLY REQUESTED CARTY AWARD FUNDS FOR AN INITIATIVE?	
Yes No_	If "yes" when?	
11.2 Has your school	L/UNIT RECEIVED CARTY AWARD FUNDS?	
Yes No_	If "yes" when?	
11.3 HAVE YOU PREVIO	OUSLY REQUESTED CARTY AWARD FUNDS FOR THIS INITIATIVE?	
Yes No_	If "yes" when?	
12.0 BUDGET		
12.1		
12.2		
12.3		
12.4		
12.5		
ΓΟΤΑL =		

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13.0 AUTHORIZATION			
13.1 PERSON SUBMITTING APPLICATION			
Signature of Person Submitting Application	Date		
13.2 FOR SCHOOL			
Type/Print Name of Principal			
Signature of Principal	Date		
Type/Print Name of Supervisory Officer			
Signature of Supervisory Officer	Date		
13.3 FOR BOARD / UNIT (IF SUBMITTED BY A SCHOO	L BOARD OR UNIT)		
Type/Print Name of Board/Unit Director			
Signature of Board/Unit Director	Date		
Type/Print Name of Senior Supervisory Officer			
Signature of Senior Supervisory Officer	Date		
CHINAGGION DE ANI DIE			
SUBMISSION DEADLINE = MARCH 31, 2023			
NB EVERY SECTION OF THE FORM MUST BE COMI	PLETED INCLUDING THE		
BUDGET SECTION, AND ALL REQUIRED SIGNATURES OR THE			
APPLICATION WILL NOT BE CONSIDERED. THE MAXIMUM CEFO GRANT			
PER SCHOOL IS \$2000.00. MOST GRANTS ARE LE REQUEST MORE.	ESS. PLEASE DO NOT		
TELYCEOI MORE			

CEFO/2020/Carty Awards

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