Chabot-Las Positas Association of Retired Employees CARE Fund Special Projects Grant Program

2025-2026 Application Form

Application Deadline: Friday 7 November 2025Award announcement: *Monday December 1, 2025*

Applicant Information						
Name Carla Aguirre		Site: Chabot LPC District Office				
Campus e-mail address	caguirre@laspositascollege.edu	Campus phone number 925 424 1187				
Division or Department	Early Care and Education	(or home phone if no campus phone is available) Name of Dean/Mgr/Supervisor Michelle Simotas				
Project Information (Ple	ease take a moment to look at gran					
Name of project ECE Class Identifier				Requested \$ <u>421.80</u>		
Who will be responsible for completion of the project? Carla Aguirre				Expected completion date: 01/20/2026		
<u>Project Plan</u> – Briefly tell us what you plan to do:						
to help staff easily ide	or coded lanyards for ECE63, ntify class groups, ensuring s anyards will be issued to stud	mooth transition	ns, enhan	ced supe	rvision, a	
Outcome - What will be the	ne result? Be brief and specific.					
through color coded lan	be able to easily identify which yards, reducing confusion during child receives support appropriate want to buy: (Supplies, Apparat	ng transitions, i iate to their clas	mproving o	:lassroom l expectat	managen ions.	nent,
Vendor (supplier)	Item Description (Model # etc.)	Qty	Unit price	Tax	Shipping	Line
Swagprint	Custom ECE Lanyards	400	\$ 0.85	\$ 0.00	\$ 4.00	Total \$ \$ 344.00
Amazon	Clean plastic ID holder	400	\$ 17.97	\$ 5.92	\$ 0.00	\$ 77.80
Optional budget notes:				Budge	t Total:	\$ 421.80
	detailed budget list with	this applica	ation.	budge	t rotar.	\$ 421.00
_	xplain how the project will <i>improve</i>			vour area c	of work res	ponsibility.
	nat problem the project will solve, a		_	-		
This will reduce c	onfusion, enhance safet	y, and ensu	re stude	ents rec	eive 🤸	r.
appropriate suppo	ort. The durable, reusal	ole lanyards	will prov	vide las	ting be	nefits
and improve orga	nization across the ECE	program.				
	complete the project as described a aph or video to CARE. (Report due					
I understand that grants v	vill be payable to the College/Distric		ases will be			-
Type your name as your s	ignature: <u>Carla</u> .	Aguirre		_{Date} 1	1/4/202	25
	Area Manager/Supervisor "e-s e.edu. You will be emailed when t		hey may em	nail their ag	reement se	eparately
I agree to provide fiscal oversight: Dean/Mgr/Supervisor's Signature				Date		
Please complete the form,	then "Print" and "Save as PDF" a	and email it as ar acknowledged pro	attachment	t to shildret	th@chaboto	college.edu