# Fall 2019 Educational Enhancement Grant Application

**Grant Type:**

Individual Grant, $1,000

Collaboration, total amount requested $

### Applicant\*: School:

**E-mail Address:**

\*Applicant will be the contact for all grant related communication If this is a collaboration project:

**Co-Applicant: School: Co-Applicant: School: Proposed Project Name:** If funded, check should be sent to this school**:**

**Demographics**

**Student grade(s): Number of students to be impacted:**

**Provide a concise summary of your proposed classroom project:**

* **Explain how students will benefit from the project.**
* **Explain how this project goes beyond what is normally available in the classroom and will only be possible with this funding.**

(Projects should enhance, but not duplicate, the standard school curriculum) Please use the space below to provide the summary:

### Which of the following priority areas does your grant address?

STEM (Science, Technology, Engineering, and Mathematics) Career Exploration and Workforce Development

Problem-Based and Place-Based Learning Development and Implementation Technology Integration with Focus on Student Involvement

Fine Arts

Hands-On Learning Opportunities and Modules Creative and Expository Writing

Vocational-Technical Skills and Training

Family Oriented Programs to Encourage Partnerships Between Families and Schools

Before and After School Programs to Provide Additional Instruction Student Health and Wellness

### Use the Space Below to Explain Why the Project Meets the Priority Area Chosen:

**What is an approximate timeline of project activities?**

**Is your project cross-curricular? Does your grant include multiple academic disciplines from your school/classroom?** Yes No

**If so, please list the different academic disciplines/curricular areas below:**

**Use the space below to provide any additional information that would be helpful:**

**Signature of Applicant: Date:**

**Signature of Co-Applicant: Date:**

**Signature of Co-Applicant: Date:**

**Please note that all individuals signing are equally responsible for the management of the grant and its funding if awarded.**

**Principal signature: Date:**

**Applications that do not include all signatures will not be considered for funding.**

**For requests including any technology equipment (computers, laptops, tablets, etc.), additional signatures of approval are required:**

**Supervisor of Technology: Date:**

**All of the following must be included for your application to be reviewed.**

Grant Application

Goals, Objectives, and Anticipated Outcomes Grant Budget Worksheet

**Please e-mail application to** **quillfoundation@bland.k12.va.us**

**Grant Budget Worksheet**

Complete the budget below, documenting needed equipment and materials. Please remember to include all shipping costs. Retain all receipts and invoices for submission to the QUILL Foundation with the final Financial Report.

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| **Budget Item** | **Vendor** | **Total Dollar Amount** |
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## Grand Total of Project Costs:

**Total requested from BCPSF-QUILL**:

If budget total exceeds amount requested from Foundation for QUILL, please, in the space below, explain where additional funds will be acquired:

# Classroom Grants Goals, Objectives, and Anticipated Outcomes Worksheet

Please complete the “Goal, Objectives, and Measurable Outcomes” sections. The third column, “Results/Impact” will be completed with the final report, at completion of the project. **Retain a copy of your entire application in your computer files.** It is not the responsibility of the QUILL Foundation to provide a copy of this form when the final reports are due.

**Project Goal:** How will the project provide opportunities which go beyond what is normally available to the students in the classroom setting?

**Objectives:** What you will do to accomplish or move toward your stated goal? Objectives are SMART (Specific, Measurable, Achievable, Realistic, and Time-Bound).

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| --- | --- | --- |
| **Objectives** | **Anticipated Measurable Outcomes** | **Results/Impact****Due in Final Report (Last Day of School)** |
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |