Log # \_\_\_\_\_\_\_\_\_\_\_\_

*(LCSF USE)*

 **GRANTS FOR GREAT IDEAS**

(For Grant Request Up To $2,500)

Project must be in the area of STEM or Literacy

GRANT SELECTION

Grant applications will be reviewed and evaluated by a committee comprised of teachers, business and community leaders. To ensure impartiality, the committee will not see the names of the schools involved. (This page will be detached after the application has been logged in.)

 The persons evaluating the grant application may not be familiar with educational jargon or terminology such as “Title 1” , RtI, or LD,” Briefly explain education terminology used in your application to help grant readers understand the purpose of the program or target population.

 **An evaluation of the project and copies of all invoices showing that funds were spent accordingly to the approved grant request is REQUIRED by MAY 3, 2021. The Foundation would also appreciate pictures and other documentation regarding the project that can be used in LCSF and grant sponsor’s public relations materials.**

APPLICATION (please print/type)

Applications **must** be sent by County Mail, US Postal Service, or Hand Delivered to SBLC or LCSF office. **NO Faxed or Emailed applications will be accepted**. **Please send 2 copies of each application.**

County Mail to: LCSF at SBLC District Office or LCSF P.O. Box 1386, Bronson, FL 32621

Applicant’s name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level:\_\_\_\_\_\_\_\_\_\_\_\_\_

Project subject area (e.g. science, math):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(funds must be spent and evaluation received by MAY 3, 2021, include pictures if available-email if possible)***

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

Applicant’s signature Date Principal’s signature Date

Log # \_\_\_\_\_\_\_\_\_\_\_\_

*(LCSF USE)*

**LEVY COUNTY SCHOOLS FOUNDATION**

 **Grants For Great Ideas Application**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENERAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Request (must match total budgeted amount) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numbers involved: Teachers\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_

Grade levels: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Subject Area(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Summary: 75 words or less (**Use descriptive copy suitable for publication and avoid first person usage.)

**Project Description:**

**Why is this project needed?**

**How will you address this need?**

**Project Duration:**

**What is your tentative implementation date? \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long will the project last?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any plans to continue the project after the grant period?** Yes / No: Describe

Log # \_\_\_\_\_\_\_\_\_\_\_\_

*(LCSF USE)*

**Project Budget:**

Please itemize the project cost below, including quantity and supplier, if available. Be as detailed as possible. Budget figures must add up correctly and should not exceed approved amount. If additional funds will be required to complete the project, please indicate the source(s).

**Quanity \_Item: \_\_\_\_\_\_ Supplier:\_\_\_ \_\_\_\_\_\_\_Budget Amount:\_\_\_\_\_\_\_\_\_\_**

 Shipping Charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total budgeted amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Results and Evaluation:** How will you specifically evaluate the success of your project?

**Business Partner**: Will a business partner, in addition to LCSF be involved in your project?

**School improvement Plan:** How does this relate to your school’s improvement plan?

**Funds Spent and Evaluation with documentation is Due by May 3, 2021.**

**RETURN SIGNED APPLICATION TO:**

**Applications must be mailed or placed in “In County Mail” to LCSF**

**Do Not Fax or Email Applications!**

**Remember to send 2 copies!**

Levy County School Foundation

P.O. Box 1386, Bronson, FL 32621

email: lcsf@levyk12.org