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

*(LCSF USE)*

A close up of a person holding a sign

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**VIRTUAL LEARNING – Mini GRANTS**

***\*Project must be for supplies, equipment, subscription, etc. pertaining to Virtual Learning\****

\_\_\_\_\_\_\_\_\_\_\_ Classroom Project (Up to $250.00)

\_\_\_\_\_\_\_\_\_\_\_ Grade-Level or School Wide Impact Project (Up to $1,500.00)

**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 NOVEMBER 30, 2020. 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)**

Please submit applications **BY WEDNESDAY AUGUST 26th**, via email to [lcsf@levyk12.org](mailto:lcsf@levyk12.org). If you do not receive a received message within 24 hours of submission, please reach out to director, Annie Whitehurst, to ensure your application has been received. Original Signed Applications mustbe sent by County Mail, addressed to the Levy County Schools Foundation at the District Office.

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

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

***(funds must be spent and evaluation received by NOVEMBER 30, 2020.)***

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

Applicant’s signature Date Principal’s signature Date

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

*(LCSF USE)*

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**VIRTUAL LEARNING – Mini GRANTS**

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

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

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

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

Grade level(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/important?**

**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:**

What impact will this project have on students’ virtual learning?

How will you measure the success of your project?

**Funds Spent and Evaluation with documentation is Due NOVEMBER 30, 2020.**

**RETURN SIGNED APPLICATION TO:**

[**lcsf@levyk12.org**](mailto:lcsf@levyk12.org)

**Send original signed application through County Mail to Levy County Schools Foundation at the District Office.**