



Bland County Public Schools' Foundation
For
Quality, Unique, Innovative Learning, and Leadership

2021-22 Educational Enhancement Grant Application

Grant Type:

- Individual Grant, \$1,000
 Collaboration, total amount requested \$ _____

Applicant*: _____

School: _____

E-mail Address: _____

*Applicant will be the main 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: _____

Please contact Lenore Parker at (276) 688-3361 or e-mail quillfoundation@bland.k12.va.us with questions related to this application.

For office use only - Application Number: _____



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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:

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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
- Place-Based and Community-Based Projects
- 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:

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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: _____

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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

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Grant Budget Worksheet

Complete the budget below, documenting needed equipment and materials. Please remember to include all shipping and handling costs. Retain all receipts and invoices or copies of all receipts and invoices for submission to the QUILL Foundation with the Final Financial Report. Copies of ALL receipts and invoices MUST be included with the Final Financial Report.

Budget Item	Vendor	Total Dollar Amount

Grand Total of Project Costs:

Total requested from BCPSF-QUILL:

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Grant Budget Worksheet

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

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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(s): How will the project provide opportunities which go beyond what is normally available to the students in the classroom setting? Please describe below:

Project Goal(s) (please describe): _____

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Classroom Grants Goals, Objectives, and Anticipated Outcomes Worksheet

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

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

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