



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

2021-22 Classroom Enhancement Grant Final Report

Grant Type:

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

Applicant: _____

Date: _____

School: _____

E-mail Address: _____

If this is a collaboration project:

Co-Applicant: _____

School: _____

Co-Applicant: _____

School: _____

Grades(s): _____

Name of Grant: _____

Grant Priority Area: _____

Date(s) of Grant Implementation: _____

Number of Students Impacted: _____

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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Use the space below to share any additional comments:

The completed 2021-22 Classroom Enhancement Grant Final Report and associated documentation MUST be received by the QUILL Foundation by **5:00 pm on Friday, May 29, 2021, unless an extension has been previously requested.** All documentation MUST be e-mailed to quillfoundation@bland.k12.va.us, with the exception of the project review poster and any reimbursements to the QUILL Foundation.

The final report shall include:

- Completed Final Report.
- Completed Goals, Objectives, and Anticipated Outcomes Worksheet. An additional copy is included in the information packet.
- Completed Final Grant Budget Worksheet with original or copies of associated receipts, invoices, or other documentation.
- A minimum of five (5) photographs, taken during the project, e-mailed to quillfoundation@bland.k12.va.us in .jpg format. Please provide ONLY photographs of students, who have parental permission to be photographed.
- Completed project review poster(s). These may be hand delivered to the Central Office, located at 361 Bears Trail, Bastian, Virginia, prior to the deadline.
- Return of any unspent funds by **5:00 pm, May 29, 2021** to the QUILL Foundation. Please arrange any payment reimbursements with the appropriate personnel at Bland County Public Schools.

Signature: _____ Date: _____

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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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