GRANT APPLICATION PACKAGE 2016 -2017

WEP WILSON EDUCATION PARTNERSHIP

Cover Page

Applicant(s)_____

School_____ Date _____

Title of Project _____

Check appropriate grant funding category (each project must align with one of these focus areas):
_____ Merck Health and Wellness Minigrant
_____ College and/ or Career Readiness Minigrant

Total Cost of Project $_____   Grant amount requested from WEP $ _____

Are other project funds available? _____yes _____no
If yes, explain source and amount_____

Target Population for Project:
Grade Level(s) _____   Curriculum area(s)_____

Number of students who will be impacted by this project   _____

Number of educators who will collaborate on this project   _____

Signature(s) of Applicant(s) _____

_____

I have read this application and fully support its implementation within the school. I certify that this application is aligned with the NC Standard Course of Study and supports our School Improvement Plan. To the best of my knowledge, the materials requested are not presently available in this school.

Signature of School Principal _____ Date _____

For any purchases involving technology, the following authorization is required:
I have discussed the request with the applicant(s) and verify that these purchases are compatible with the network and supported by the school district.

Signature of WCS Technician or Technology Facilitator_____

Return one copy of this page with original signatures and one copy of your Grant Narrative and Budget Sheet to WEP by 5 p.m., October 3, 2016.

Grant Narrative

Please answer the following questions as clearly and concisely as possible in three pages or less. Provide a detailed budget using the Budget Sheet provided. Do not mention school name or names of any school personnel in this narrative.

Project Summary/Goals
- Describe your project and explain why this is a new learning experience for your classroom or school.
- What need, problem, or opportunity does this proposed project address?
- What do you hope to accomplish?
- How does this project support the goals in your School Improvement Plan?

Implementation
- Describe your project activities.
- How will the project be implemented?
- Wilson County Schools has prioritized three instructional expectations for all teachers. Describe how this project (1) allows students to utilize technology as an instructional tool, (2) provides an opportunity for students to write, and/or (3) integrates a focus on math or science.
- Include a timeline of project activities
- If this project requires any significant facility changes or the addition of any technology equipment/software , application must indicate that prior approval has been granted by building administrators, WCS Maintenance, and/or WCS technology.

Evaluation
- How will project outcomes be evaluated?
- Describe specific measures you will use to evaluate the success of your project.

Budget Sheet

Provide an itemized budget for your project, including materials, supplies and equipment, quantities and costs. Include sales tax and shipping if applicable.

Quantity	Description of Item(s)	Unit Cost	Total Cost	CON or NON *See below

Subtotal $ _____

Tax (6.75%) $ _____

Shipping   S _____

Total Project Amount $ _____

_____

*CON – consumable item(s); single-use items or items that lose their functionality after initial implementation of project
 (Examples: disposable materials, items that are personalized for use)

*NON – non-consumable item(s); items that can be used multiple times
(Examples: books, technology items, equipment)

Note: Purchase of consumable/single-use items is permitted. However, the selection committee will consider the types of expenditures and the opportunity to serve students beyond the grant cycle.