



**Kathy Basile**  
**Pre-K – Grade Two**  
**School Wide Grant Application**  
**2011-2012**

If you have a bright idea for your school, here is your chance to turn your ideas into reality! The purpose of the Kathy Basile School-Wide Grant is to fund an innovative school wide project for Pre-K through Grade 2. Grant money is available for public schools in St. Lucie County and may be used for materials, incentives and/or equipment, but not for teacher or student stipends. **Deadline is October 24, 2011.**

Name of  
School: \_\_\_\_\_ Administrator \_\_\_\_\_

Project Applicant: \_\_\_\_\_  
Please Print Name

E-mail address: \_\_\_\_\_

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

Requested amount: (the maximum that can be requested is (\$2,000 ) \_\_\_\_\_  
**A grant submitted for more than \$2,000 will not be considered.**

**Grant Project Details**

**Please attach responses on separate paper.**

**Send in 6 copies of your grant with this cover sheet attached to each.**

**Limit responses to no more than 300 typed words per section.**

**Faxed applications will not be accepted.**

- Part I: Clearly define the purpose of the project. (0-10pts.)
- Part II: Explain how the project will be implemented. (0-10pts.)
- Part III: Define the objectives of this project. (0-15pts.)
- Part IV: Show, specifically, how the project meets Sunshine State Standards or SCAN. (*List specific standards*) **\*Acronyms and/or standard numbers must include description.** (0-15pts.)
- Part V: Describe how this is an innovative classroom project, not merely a request for supplies. (0-10pts)
- Part VI: Identify target audience, and duration of the project. *What will be the impact of this project on the identified students?* **Application must have total number of students impacted, or it will not be considered.** (0-15 pts.)

- Part VII: Explain how materials/budgeted items will complement or enhance the project. Itemized budget **must** be attached, not lump sums. (0-10 pts.)
- Part VIII: Explain how the success of the project will be measured and evaluated. Please list specific before and after measurements, tools or other assessments that will be used to measure success. (0-15pts.)
- Part IX: How will you ensure your program/materials will be utilized at your school in the future?
- Part X: Signature(s) **must** be on application to be considered.

**If my grant application is accepted, I will submit pictures (please remember to a submit information release for each child's picture) of the project in action, the attached project evaluation, and submit itemized budget with receipts. Pictures, the evaluation and receipts are due May, 2012. I understand that failure to submit the pictures, the evaluation, and the itemized budget with receipts will jeopardize future grant funding. I also understand that the materials/equipment will remain at the school with exceptions made at the discretion of the principal.**

**\_\_\_\_\_I understand that I must spend all the money awarded for this project within 90 days of receiving the check or return it to the Foundation.**

**\_\_\_\_\_If awarded a grant I agree to participate in the Grants Reception which will be held in May, 2012.**

**\_\_\_\_\_I certify that all of the above information is accurate and true to the best of my ability.**

Initial that this information has been included	
Student Impact	_____
Itemized Budget	_____
Signatures	_____

**Signature of Applicant:**

\_\_\_\_\_

**Signature of Principal:**

\_\_\_\_\_

Return your application to:  
 SLCSB District Office  
 St. Lucie County Education Foundation  
 4204 Okeechobee Road  
 Ft. Pierce, FL 34947  
 429-5505