# Franklin-Simpson Educational Excellence Foundation, Inc. <u>GRANT APPLICATION COVER PAGE</u> Application must be typed. If you experience difficulty completing, please contact our office at

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| Applicant Name & Position  | n: Jessica Jo   | ohnson, FSHS Sch                    | nool Social W   | orker              |                 |
|--|---|-------------------------------------|-----------------|--------------------|-----------------|
| School/Organization Invol  | ved: Frankli  | n-Simpson High S                    | School          |                    |                 |
| Amount Requested: \$8,00   | 0   |                                     |                 |                    |                 |
| Purpose of Funding: Impl   | ementation o  | of Therapy Dog P                    | rogram at FS    | SHS                |                 |
| Targeted Grade Levels:   | PreK-K  | 1-3 4-5                             | 6-8 <u>9-12</u> | Other:             |                 |
| Number of Students/Perso   | ns Affected l   | by Grant: 732                       |                 |                    |                 |
| Academic Area: Reading Science   | Language A<br>Fine arts   | Arts Social Stu<br>Communi          |                 | Mental Health      | n/All Academics |
| Brief Summary of Project   | (2 - 3 Senten   | ices):                              |                 |                    |                 |
| Franklin-Simpson Honeds of the students in order emotional support to remove Address of School/Organiz | er to directly in the barriers for the carriers for the carriers. | impact academic g<br>learning.      | oals. This pro  | ject would assis   |                 |
| Contact Person: Jessica Jo<br>Phone: (Day & Evening)   | FR  | <b>ANKI IN</b><br>3273 (work) 270.7 | 76.5377 (cell)  | PSON<br>Fax: 270.5 | 586.2021        |
| E-Mail: jessica.johnson@   | simpson.kyso  | chools.us                           |                 |                    |                 |
| Grant Cycle Submitted:   | September   | . Novem                             | ber             | February           | April           |
|  |   | Required Sign                       | <u>natures</u>  |                    |                 |
| Simpson County Schools:  |   |                                     |                 |                    |                 |
| Principal/Supervisor   |   |                                     | Date            |                    |                 |
| Superintendent   |   |                                     | Date            |                    |                 |
| Community Organizations:   |   |                                     |                 |                    |                 |
| Grant Preparer   |   | Title                               |                 | Date               |                 |

| <b>Board Representative</b> | Title | Date |  |
|-----------------------------|-------|------|--|
|-----------------------------|-------|------|--|

#### PLEASE USE THE FOLLOWING INFORMATION TO CREATE YOUR GRANT APPLICATION.

# **Writing Guidelines**

- 1) Application is complete and <u>follows format outlined below</u>, two to four pages in length, postmarked by deadline, includes <u>12</u> copies (one for each director & staff) or digital media and one hard copy including signed cover sheet.
- 2) Demonstrates innovative and/or program/curriculum or identifiable need.
- 3) Clearly defines learning goals and offers a meaningful way to measure success.
- 4) Clearly defines an area of need for students, school, or community.
- 5)Simpson County Schools applicants MUST include signatures of principal & board approval <u>before</u> <u>submitting to FSEEF.</u> (See Important Considerations below.)

# A. NARRATIVE: Choose Option I or II depending on organization's status:

# I. <u>SIMPSON COUNTY SCHOOLS AND PERSONNEL</u>

# Describe Your Request

- 1) Describe the problem(s) or need(s) addressed by this request. Be sure to:
  - a. State your school's mission.
  - b. Clearly describe how this program/project will help your school to carry out its mission
- 2) Describe in detail the specific activities and strategies of this project,
- 3) Incorporate a **timeline** for implementation.
- 4) Describe in detail the expected outcome/goals of your project and how these outcomes will be measured.

# OR

#### II. COMMUNITY ORGANIZATIONS

## Organizational History and Structure

- 1) Briefly describe your organization's purpose, mission, and goals.
- 2) Is your organization tax-exempt?
- 3) Detail your sources of total program funding/ financial support.
- 4) Provide a list of board members and staff as an attachment.

# **Describe Your Request**

- 1) Describe the problem(s) or need(s) addressed by this request.
- 2) Describe the specific activities and strategies of this project.
- 3) Incorporate a **timeline** for implementation.
- 4) Describe the expected outcome/goals of your project. Explain how the outcomes will help meet your organization's mission.

### **B. EVALUATION**

1) Please describe the evaluation method you will use to measure the success of your project. What questions will be answered?

# C. BUDGET—Must be reasonable for scope of project and number of learners affected.

1) Provide a <u>detailed</u> budget of how you plan to use the requested funding to ensure the success of your proposed project. Applicant may attach estimates, quotes or data collected online to support budget projections. Attachments DO NOT replace a constructed project budget.

- 2) Please indicate any other sources of funding you are seeking for this project and the amounts anticipated from those sources.
- **D. APPLICATION SUMMARY**—The mission of the Franklin Simpson Educational Excellence Foundation, Inc. is "to supplement existing educational opportunities through funding to educators and community organizations in order to facilitate effective learning." Applicants should clearly discuss how the proposed project meets not only their school/organization's mission statement, but also how it meets FSEEF's mission.

## **IMPORTANT CONSIDERATIONS** for completing your proposal:

- FSEEF funds learner-directed projects. Applicants should not submit for travel, training, "bricks and mortar," or salaries UNLESS it can be *justified clearly and completely* as an integral part of the project.
- Applicants must follow the format outlined in this application packet. A completed cover sheet must be included in addition to narrative portion which addresses A-D in outline above. Failure to submit a complete application will result in application being returned for revision to meet the established guidelines and will delay consideration until next cycle.
- Out of fairness to all applicants, FSEEF board members should not be asked to review application prior to submission.
- Applications will be reviewed in order received. Early submission is encouraged.

Grant applications will be compiled and reviewed on a quarterly basis as indicated below.

| 2021 - 22 FSEEF Meeting Dates<br>for Grant Review | Grant Must Be Submitted by 2:00 p.m on this date |
|---|--|
| 9/27/21   | 9/27/21  |
| 10/25/21  | 10/25/21   |
| 11/22/21  | 11/22/21   |
| 01/24/22  | 01/24/22   |
| 02/28/22  | 02/28/22   |
| 03/28/22  | 03/28/22   |
| 04/25/22  | 04/25/22   |

\*\*Applications submitted by Simpson County Schools personnel MUST have board of education approval PRIOR to submission to FSEEF. Contact Kim Crabtree at the Central Office to have approval of your application included on the board agenda. Central Office will need a copy of your proposal to be signed by the superintendent after board approval. Board of Education meeting dates are subject to change.

Applicant is then responsible for submitting the SIGNED proposal to FSEEF.

Allow a 3-4 week review period. All applicants will be contacted within one week of grant review meeting.

*Send completed applications to:* 

FSEEF Grant Applications, P.O. Box 94, Franklin, KY 42135-0094 or e-mail to <u>fseducationalexcellence@gmail.com</u>