To Whom It May Concern,

The Target grant I would like to apply for is a grant for schools to support programs such as after school reading events. The grant money will be used to help pay for Debbie Dadey (author of Bailey School Kids book series) to come to our elementary school during the day and for her to participate in our after school Title I Reading/Writing Night. Any left over money will be used to purchase her books to be signed and given out as prizes during this event. I have included a copy of the on-line application.

Thank you for your consideration in approving this grant. I anticipate that students and parents will be excited to have Debbie visit our school and share her love for reading and writing, and inspire students to follow their dreams as they become adults.

Sincerely,

Katherine Sherritt

NBCT

First Grade Teacher Spottsville

Early Childhood Reading - Store - School, Library, Public Agency

Organization Information

E-mail questions to Community.Relations@Target.com

Organization Name Please limit your response to 25 characters maximum. Spottsville Elementary School

AKA Name

Street Address or P.O. Box

Please include your primary mailing address in the first line (street or P.O. Box). If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.

9190 U.S. Hwy 60 East

City Spottsville

State KY

5-Digit ZIP Code 42458

Extended 4-Digit ZIP Code (to find your extended code, please <u>click here</u> to open a window to USPS.com)

County Henderson

Main Phone Number
Please type 10 digits only without punctuation (i.e., 6122334567)
2708315136

Main Fax Number
Please type 10 digits only without punctuation (i.e., 6122334567)

General E-mail Address katherine.sherritt@henderson.kyschools.us

Website http://www.henderson.kyschools.us/Default.aspx?alias=www.henderson.kyschools.us/spottsville

Which best describes the organization? **EDUCATION**

What is the organization's Mission Statement:

The Mission of the Henderson County Schools is to prepare and educate each student to be successful in a diverse, global society.

What year was the organization founded? 1870

Is the organization a part of a State, the United States, or the District of Columbia (i.e., a public school, public agency, or public library)?

yes

Is this donation being requested exclusively for public purposes? yes

Tax Status
Please select from drop-down
Schools, Libraries, Hospitals, Churches, Govt units

Organization Tax ID

If the organization has a 501(c)3 Federal tax status, enter your EIN number below and attach a copy of your most recent IRS Designation Letter on page four (4) of the application, otherwise leave blank.

B-221

Do you have any Target Team Members serving on your board? If yes, list first and last names in the box below (e.g., John Doe) separated by commas.

When returning to a previous page of your application, don't use your browser's Back button. You could lose any unsaved information.

E-mail guestions to Community.Relations@Target.com

Contact Information

When returning to a previous page of your application, don't use your browser's Back button. You could lose any unsaved information.

E-mail questions to Community.Relations@Target.com

Organization Primary Contact: i.e., Executive Director, President Prefix Mrs. First Name Jo Middle Initial Last Name Swanson Suffix <None> Title Assistant Superintendent of Teaching and Learning Street Address or P.O. Box Please include your primary mailing address in the first line (street or P.O. Box). If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum. 1805 Second Street City Henderson State KY 5-Digit ZIP Code 42420 Direct Phone Number Please type 10 digits only without punctuation (i.e., 6122334567) 2708315000 Fax Number

Please type 10 digits only without punctuation (i.e., 6122334567)

E-mail Address jo.swanson@henderson.kyschools.us

Primary Contact for this Funding Request:

Same as Organization Primary Contact
No

Prefix

Mrs.

First Name

Katherine

Middle Initial

Last Name

Sherritt

Suffix

<None>

Title

First Grade Teacher

Street Address or P.O. Box

Please include your primary mailing address in the first line (street or P.O. Box). If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.

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City

Spottsville

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2708315136

Fax Number

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E-mail Address katherine.sherritt@henderson.kyschools.us	
When returning to a previous page of your application, don't use your browser's lose any unsaved information.	Back button. You could
E-mail questions to Community.Relations@Target.com	
Proposal Information	
When returning to a previous page of your application, don't use your browser's lose any unsaved information.	Back button. You could
•	
E-mail questions to Community.Relations@Target.com	
Proposal General Information:	
Request Amount Early Childhood Reading grants are \$2,000, please enter \$2,000. \$2,000	ency (f. 1971) is
Program Title Please limit your response to 30 characters maximum. Family Reading/Writing Night	- marking the
Program Start Date 08/08/2012	
Program End Date 05/23/2013	
Proposal Detail:	

Which best describes the primary focus of the program?

Family Reading Program (EDUCATION)

Please provide an overview of the program.

Family Reading and Writing Nights provide families with the opportunity to share an evening together a couple times a year to experience reading and writing activities within the family and collaborate with teachers.

Provide a description of how the program will demonstrate success in increasing the reading proficiency of Pre-K and/or Elementary Students.

Having students, parents (families), and the author (Debbie Dadey) collaborate in reading/writing activities to see the connection between reading and writing will increase the reading proficiency in students because they will see: the importance of reading and writing, it is fun, that even someone from their hometown can be successful and famous, and will be able to make a connection to books they haven't been able to before as they will meet the author and see the books she's written and be able to read those books independently or with their families.

What year was this program first implemented? 2009

What is the organization annual budget?

The organization budget refers to the average amount of funds raised each year to run your organization. We understand this varies by year, so please refer to last year's budget as a point of reference. Please enter one whole number without any punctuation (i.e., no dollar signs or decimal points).

What is the proposed program budget?

The proposed budget refers to the amount of funds needed to fund the project for which you are requesting a grant. Please enter one whole number without any punctuation (i.e., no dollar signs or decimal points). 3,500

List the 5 primary expenses for the program budget.

i.e., line item: \$0; line item: \$0, etc.

\$100 Writing Materials

\$300 Reading Materials

\$300 Food

\$1800 Author Fee for Visiting

\$1000 Author travel and lodging

List committed and potential funders of this program. Include the funder's name and funding level.

Title I funds - a (Strict level Library funds - School level

What other income sources are being used to support this program? None other than Title I and library monies mentioned above

Are there any recognition opportunities for Target? yes

If yes, list any recognition opportunities.

e.g., newsletters, website, etc.

event In Classroom and school newsletters, On posters and signs for advertizing the advent, on school and district websites, and in the local newspaper

Would there be any volunteer opportunities for Target? yes

If yes, list volunteer opportunities that would be available.

Volunteers are always needed for serving food, and during family reading and writing activities

When answering the following questions, please think about the mission and/or primary focus of the organization as well as the majority of people served by this program.

Indicate your best estimate of the percentage of those served by this program for each of the Ethnic Groups below.

Enter whole numbers only (no decimals), do not use percentage signs, and ensure that your allocations total 100%. If this information is not available, enter zeros in each field.

African

0

Asian

0

Asian Indian

0

Black or African American

1

Latino or Hispanic

1

Native American or Alaskan Native

0

Native Hawaiian or Pacific Islander

0

White or Caucasian

98

Other Ethnic Group not specified above



Make sure this total is 100.

100%

Indicate your best estimate of the percentage of those served by this program for each Gender listed below.

Enter whole numbers only (no decimals), do not use percentage signs, and ensure that your allocations total 100%. If this information is not available, enter zeros in each field.

Female



Male

51

Make sure this total is 100.

100%

Indicate your best estimate of the percentage of those served by this program for each of the Age Groups listed below.

Enter whole numbers only (no decimals), do not use percentage signs, and ensure that your allocations total 100%. If this information is not available, enter zeros in each field.

Babies/Toddlers (under 5 years old)

5

Elementary School Grades K-5 (5-10 years old)

75

Middle School Grades 6-8 (11-14 years old)

1

High School Grades 9-12 (15-18 years old)



Young Adult (19-25 years old)

3

Adults (26-64 years old)

10

Senior Citizens (65 years old and over)

5

Make sure this total is 100.

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Indicate your best estimate of the percentage of those served by this program for each Population listed below.

Enter whole numbers only (no decimals), do not use percentage signs, and ensure that your allocations total 100%. If this information is not available, enter zeros in each field.

Active Military

C

Blind/Vision Impaired

0

Deaf/Hearing Impaired

0

Economically Disadvantaged

0 43

LGTBA (Allies)

0

General Population

0 47

Immigrants/Newcomers/Refugees

0

Persons with a Developmental Disability



Physically Impaired



Single Parents



Veterans

0

Make sure this total is 100.



Project Program Zip Code

Please provide the 5-digit zip code for the location of your program

42458

Target Store Location

Please select the Target store closest to your program from the dropdown list below.

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Measurement

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What are the anticipated outcomes of the program?

The anticipated outcomes for our program are to bring families and their children closer as they are enriched in reading and writing activities. As the Author comes, we anticipate students will engage in reading her books, enjoy reading and read more, and inspire them to write and follow their dreams to become whatever they want to be as they grow up.

What key metrics do you plan on collecting to determine if the outcomes have been achieved?

Parent/family surveys

Teacher surveys

Reading logs

Student reflections

How many people do you anticipate will be served by this program? Please enter one whole number only 300

In 2013 we will be asking grant recipients to complete a program evaluation.