

## California Casualty Thomas R. Brown Athletics Grant Guidelines & Conditions

The **California Casualty Thomas R. Brown Athletics Grant** program will consider grant requests for public high schools whose athletics programs are in jeopardy and in great need of funding in all states except: AK, HI, MA, MI, NY or WI.

**The deadline is January 15 for grant requests to be considered for the current school year.** Applications received after January 15 will be considered for next year's grant program.

Applications must be submitted by an active employee of the public high school for which the grant is being requested. The applicant must be a current member, or referred by a current member, of the state NEA affiliate or one of our other participating educator associations including: ACSA, CASE, COSA, KASA, NASA or UASSP. Please advise your Principal and Athletics Director of your grant request. California Casualty will be in contact with them in regard to your application status.

Not all schools are guaranteed to receive a grant award. A selection committee will review all applications and determine award recipients and grant amounts. All applicants who submitted their application by January 15 will be notified of their status by May 30 of the same year. All other applications will be considered for an award the following year. Grant award amounts may range from \$1,000 to \$3,000. Checks will be made payable to your high school.

Awards must be used to subsidize the sports program(s) identified on the grant application and can not be used for individual student awards, construction projects, organizations whose primary purpose is fundraising, or other school programs.

Only one grant will be awarded per school per academic year and schools will not be awarded two consecutive years. If your school is not awarded this year, your school will be eligible to apply again next year.

California Casualty requires permission to publish the details of the award, school name and applicant's name and photo in promotional materials and media.

For more information about the California Casualty Thomas R. Brown Athletics Grant or to apply online, go to **CalCasAthleticsGrant.com** or email [athletics\\_grant@calcas.com](mailto:athletics_grant@calcas.com).

To learn more about California Casualty or to get an auto or home insurance quote, visit [calcas.com](http://calcas.com) or call 1-866-680-5142.



Bryan Jones - Football  
Will not apply until  
after Jan. 15 - qualifies  
for 2016 grant.





**School Information**

Name of Public High School Applying for Grant <i>Todd County Central High School</i>			School District <i>Todd County</i>
School Address <i>806 South Main Street</i>			School Website URL <i>todd.kyschools.us</i>
City <i>Elkton</i>	State <i>KY</i>	Zip <i>42220</i>	School Phone <i>(270) 265-2506</i>
Name of Principal* <i>Jennifer Pope</i>			Principal's Email* <i>jennifer.pope@todd.kyschools.us</i>
Name of Athletics Director* <i>Elizabeth Fitch</i>			Athletics Director's Email* <i>elizabeth.fitch@todd.kyschools.us</i>

**Applicant Information**

Your Name <i>Bryan Jones</i>		Your Phone <i>(386) 547-7206</i>
Your Title <i>Head Football Coach, Head Wrestling Coach, Head Boys Track Coach</i>	Your Email <i>bryan.jones@todd.kyschools.us</i>	
Are you an employee of the school listed above? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Are you a current member of the NEA or other participating educator association? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, which Association? NEA <input checked="" type="checkbox"/> ACSA <input type="checkbox"/> CASE <input type="checkbox"/> COSA <input type="checkbox"/> KASA <input type="checkbox"/> NASA <input type="checkbox"/> UASSP <input type="checkbox"/> Other <input type="checkbox"/>		
Name of your NEA local association, if applicable. <i>KEA</i>		
If no, what is the name of the member who referred you?		
Please provide the referring member's contact information. Email _____ Phone ( ) _____		
Name of the referring member's NEA local association, if applicable.		
What is your affiliation with the sports program at the High School for which the application is being submitted? Coach <input checked="" type="checkbox"/> Athletics Director <input type="checkbox"/> Other <input type="checkbox"/>		

\*Please notify your Principal and Athletics Director that you have submitted an application for the California Casualty Thomas R. Brown Athletics Grant on behalf of your school. Email addresses are required for communication purposes.

\*\*Refer to Guidelines & Conditions for participating educator associations.

**For award consideration for your school, please answer the questions below.**

- 1) What high school sport would benefit from this grant? *Athletic Department as a whole (weightlifting)*
- 2) This is a boys \_\_\_\_\_ girls \_\_\_\_\_ co-ed  sport.
- 3) How many students are in this sports program?  
1-20 \_\_\_\_\_ 21-49 \_\_\_\_\_ 50-75 \_\_\_\_\_ 76-100 \_\_\_\_\_ 101-200  over 200 \_\_\_\_\_
- 4) What grade levels? *9-12*
- 5) Is it a school-sanctioned or publicly funded sports program? Yes  No   
If no, explain.
- 6) Does your program receive any funding from the School District? Yes \_\_\_\_\_ No
- 7) Is this sports program in jeopardy of being eliminated? Yes \_\_\_\_\_ No

8) How is this program being impacted by budget cuts? Please explain.

There is less money to be used on facilities such as the weight room.

9) Grant amount requested \$ 3000

10) If awarded, how would the grant funds be allocated? Please be specific and provide an itemized budget.

All 3000 would be used at updating our weight room equipment/facilities.

11) How would your program benefit from a California Casualty grant?

Since our weight room was built the number of student-athletes that use it has grown exponentially. It would be great for all our sports teams to have this updated.

12) How did you learn about the California Casualty Thomas R. Brown Athletics Grant Program?

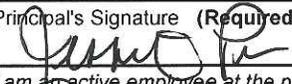
California Casualty Employee	_____	Parent	_____
My Association Leadership/Rep	<u>X</u>	Applied last year	_____
Email	_____	Athletic Director	_____
Internet	_____	Colleague	_____
I'm a California Casualty customer	_____		
Publication--Which one?	_____		
Other	_____		

13) Please send me information on other education related community impact opportunities as they become available. Yes X No \_\_\_\_\_

Please return the completed application form by email, fax or mail.

Email: athletics\_grant@calcas.com Fax: (650) 572-4491  
 Mail: California Casualty  
 Attn: Athletics Grant Coordinator, CD-1  
 1900 Alameda de las Pulgas  
 San Mateo, CA 94403

Thank you for your application! Please sign below.

Applicant's Signature	Date
Principal's Signature (Required) 	Date <u>1-6-15</u>

I am an active employee at the public high school for which the application is being submitted and a current member, or have been referred by a current member, of the state NEA affiliate or a participating educator association outlined in the program guidelines. I authorize California Casualty to verify all information contained in this application. I understand that any intentionally false or misleading information may result in the cancellation of award. If awarded, California Casualty is authorized to publish my name and photo (if requested), my school's name and grant award details in promotional materials.

Application must be received by January 15 for award consideration in the current school year.