



# Community Mini-Grants 2019-2020 Application

The Community Mini-Grant Program provides modest catalyst funding for small- to mid-scale projects designed connect student learning to projects that help Monroe County become a more attractive place to live, work, and study. Grants enhance the quality of life in our community by addressing issues of importance to the school district community and the school campus communities at large, focusing on initiatives that enhance the social and economic vitality of our Monroe County con



## How to Apply

Please complete this application to describe the proposed project. Applications need not be submitted on the application form itself, but if typed separately should not exceed one page (front and back). Submissions must also include a project budget (not to exceed one page) and signature attesting to the veracity of the application. All grant recipients will be required to (1) meet with the building principal regarding the progress of the project and 2) present the project outcomes to the Mini-Grant Committee and the SOLSD Board of Education.

## Application Process

Submit completed applications to:  
Mini-Grant Review Committee  
304 Mill Street  
Woodsfield, Ohio 43793  
(insert email address here)

## Application Timing

Mini- grants are offered in the 2019-2020 academic year and will be accepted up to March 31st. This schedule will allow grant applicants more opportunities for the development and funding of projects throughout the remaining year. Applications will be received on a rolling schedule and awards will be announced within 2 weeks of receiving the application. All approved mini-grants must have encumbered and spent the funds by May 30th, 2020.

## Grant Guidelines

Support Areas. Funding will focus on initiatives that enhance the social and economic vitality of our community including cultural, recreational, and educational projects, those addressing human needs and those enhancing the safety and beauty of our surroundings. Projects should focus on areas of student interest that (1) leverage additional funding, (2) demonstrate collaborative partnerships in the community, (3) projects or organizations that have connections to the community of Monroe County, (4) build organizational and financial capacity (5) improve over what has been done in the past, (6) show commitment that the desired results will be achieved, and (7) have promise of making long-term impact.

## Grant Amounts

The program is primarily intended to support individual teacher requests up to \$1,000. But, teacher and academic programs are encourage to combine award amounts and efforts in a working collaboration or partnership.

## Exclusions

Teacher's time and field trips are not funded by the mini-grant. Generally, the program does not support: individuals; business ventures; high school sports organizations; non- governmental organizations without IRS 501(c)(3) tax exempt status; organizations that limit membership and services based on race, religion, color, creed, sex, sexual orientation, age, or national origin; requests for loans or debt retirements; operating expenses or endowments of organizations; civic, labor, sorority or fraternal groups; political organizations; projects or endowments of organizations without connection to the community of Monroe County; projects that already have financial backing from SOLSD; and projects or organizations that might in any way pose a conflict with the mission, goals, or programs of SOLSD.



**OFFICE USE ONLY**

Assigned Office # \_\_\_\_\_  
Approval Date \_\_\_\_\_  
Closed Date \_\_\_\_\_

**Community Mini-Grant Application** *(page 2 of 6)*

**SECTION I: PROGRAM DETAILS**

School Campus Name: \_\_\_\_\_

Address of the School: \_\_\_\_\_

Contact Name, Title: \_\_\_\_\_

Phone Number & E-mail: \_\_\_\_\_

Which State System of Diploma Seals will the students involved in this project be working towards to meet graduation requirements? \_\_\_\_\_

What grade levels are involved? \_\_\_\_\_

Who are the primary contacts for collaboration or partnership with other community entities?  
Name/s: \_\_\_\_\_

Contact information: \_\_\_\_\_

**SECTION II: PROJECT OVERVIEW**

Project Name: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_

**SECTION III: PROJECT SUMMARY**

**A. PROJECT DESCRIPTION**

Please provide a short description summarizing your project.

**B. TIME FRAME**

On what date or dates would your proposed project take effect? Describe the projects timeline including date(s) of implementation. Awarded grant money must be spent between FEB 15th and MAY 30th of award year.



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### **SECTION IV: PROJECT RATIONALE**

#### **A. RELEVANCE**

How does this project make the communities of Monroe County a more attractive place to live, work, or study? Please describe how this project would enhance the social and economic vitality of our communities including cultural, recreational, and educational projects, those addressing human needs, and those enhancing the safety and beauty of our surroundings?

#### **B. IMPACT**

Who is the proposal intended to benefit?

#### **C. PARTNERSHIPS**

Describe the extent to which this project is a collaboration or partnership with other community entities.



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### D. INNOVATION

How does this idea incorporate elements that are new and improved over what has been done in the past?

### E. PROMISE

What evidence do you have that this project will achieve the desired results? What are the expected student growth results?

### F. SUSTAINABILITY

What is your goal for ensuring future financial sustainability for this project? How will you ensure that this idea will be sustainable in the future? What are your goals for the projects financial sustainability?

### G. CAPACITY BUILDING

Will this project contribute to the organizational and financial capacity of your targeted community? Will this project be an alternative revenue source or otherwise contribute to the financial sustainability of the organization you are collaborating or partnering with? Please explain.

### H. ADDITIONAL INFORMATION

Is there anything else that you believe the review committee should know?

# Community Mini-Grant Budget *(page 5 of 6)*

## SECTION V: PROPOSED BUDGET

### A. EXPENSES

Please detail the expenses you will incur to bring this project to life. Please note, staff time and field trips are not funded through this grant.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**\*Total Project Expenses:** \_\_\_\_\_ \$ \_\_\_\_\_

### B. FUNDING SOURCES

Please list all other sources of funding you are seeking or already have in place. For each funding source, please indicate whether those funds are anticipated (A) or already granted (G). If contributions are in-kind (vs. cash), please indicate as such, and estimate the dollar value associated with the contribution.

- 1. Requested amount from SOLSD Mini-Grant \$ \_\_\_\_\_
- 2. \_\_\_\_\_ A or G \$ \_\_\_\_\_
- 3. \_\_\_\_\_ A or G \$ \_\_\_\_\_
- 4. \_\_\_\_\_ A or G \$ \_\_\_\_\_
- 5. \_\_\_\_\_ A or G \$ \_\_\_\_\_

**\* Total Funding Source:** \_\_\_\_\_ \$ \_\_\_\_\_

*\* Please note that Project Expenses and Total Funding Source should equal. If not, please explain in Section VI: E. Explanation of Expenses and Total Funding Sources.*

### C. OTHER GRANTS DETAIL

If there are any other grants anticipated or granted in Section B (above), please detail here.

Name	Amount Requested	Decision Date
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____

## Community Mini-Grant Budget *(page 6 of 6)*

### SECTION VI: PROPOSED BUDGET *(continued)*

#### D. EXPLANATION OF PROJECT COSTS

How did you arrive at the total cost of this project? Please explain sources used to calculate expenses noted.

#### E. EXPLANATION OF EXPENSES VS TOTAL FUNDING SOURCES

If applicable, please explain why expenses are not equal to total funding sources.

#### F. PARTIAL FUNDING

How would a partial mini-grant award affect the project? Would the project be scaled back? Please explain.

Lead Project Instructor/Teacher

\_\_\_\_\_  
Signature Title Date

Mini-Grant Committee Chair Authorized Signer

\_\_\_\_\_  
Signature Title Date

Superintendent/Associate Superintendent

\_\_\_\_\_  
Signature Title Date

With my signature, I verify that the facts put forth in this application are true to the best of my knowledge. If funded, 1) I will meet with my building principal regarding the progress of the project and 2) present the project outcomes to the Mini-Grant Committee and the SOLSD Board of Education.