

HCFAC Arts in Education Grant Application 2023 - 2024

Project Title			
Priority Focus Areas (Check all that apply)	<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Art Event / Field Trip	
	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Professional Development	
Project Period (What is the start date and end date of your project?)			
Grades Addressed			
Requested Amount (\$) Maximum request from HCFAC is \$500		Total Project Budget (\$) HCEF may offer additional funding	
Number of Low Performing Students Involved		Total Number of Students Involved	
Number of people exposed to the arts as a result of this project			
School Name & Address			
Art Teacher(s) Involved			
Lead Contact's Name, Email, & Phone Number			
Administrator's Name, Email, & Phone Number			

Grant Commitment Pledge

I give the Hernando County Education Foundation and the Hernando County Fine Arts Council the right to use this proposal and the results of this project, if funded, for public information purposes, or to help other educators.

Yes No

Does this project support the School Boards Strategic Plan?

Yes No

Does this project relate to our School Improvement Plan or Florida Standards?

Yes No

_____ My initials verify my understanding that when I transfer or retire, the Hernando County Fine Arts Council has the right to make decisions regarding the equipment purchased and/or continuation with grant monies.

_____ My initials verify my understanding that accountability is critical to the success and further funding of the grant program, without exception, Mid-Year Progress Reports and Year End Grant Evaluations are due to the HCEF office through deadline dates according to Funding Deadlines. **I further understand failure to submit these reports will result in my school or department being responsible for returning all funds to the HCEF and possibly be excluded from further grant consideration from the foundation.**

_____ My initials verify my understanding that grant recipients **must submit receipts for all purchases to their school or departments bookkeeper and HCEF.** The bookkeeper & lead applicant are responsible for scanning electronic copies of the receipts these are to be submitted with the End of Year Report. I further understand that any and all unused funds must be returned by check payable to the HCEF along with completed End of Year Submission Form.

Signature of Lead Applicant

Date

Signature of School Bookkeeper or Director of Finance
(It is my understanding that our school is responsible to ensure grant recipients submit all required documentation concerning their grant in a timely manner.)

Date

Signature of Principal or Department Supervisor

Title

Printed Name of Principal or Department Supervisor

Date

Project Title	# of Teachers Served	Total # of Students Served
---------------	----------------------	----------------------------

Project Abstract: (200 words or less)

Summarize the CORE of your project, including expected outcome. Please note this synopsis will be viewable for other members to peruse.

Narrative Project Summary (Not to exceed one page):

What do you plan to do? What is the purpose? Is it needed? Why do you think this is important?

Activities:

What is the culminating activity for this project?

Timeline:

Provide a brief estimated timeline for the implementation of this project. Include expected dates of project launch, project end, evaluation, & implementation.

Project Objectives:

What is your primary goal for this project? How does your project encourage, promote, support and/or showcase the creative arts in Hernando County?

Evaluation Plan:

How will you measure your project's success? Your project must include an Evaluation Component to measure academic gains. Evaluation tool(s) should provide both quantitative & qualitative data. Explain what tools you will use to provide both kinds of data. The inclusion of baseline data, expected outcomes, and the reporting of measurable results for all sub-grants awarded is required and will include tangible & intangible evidence of objectives.

(Specify how data and/or documentation related to each of the following components will be collected, used, and reported, ensuring a high degree of accountability: use of project funds, implementation of project activities, impact of project activities, the extent to which the identified student need(s) was addressed by the end of the project.)


HERNANDO COUNTY COUNCIL

Budget Detail: Budget Items must align to the project activities described in the application. What are you purchasing? Make sure all items are relevant to the grant. What activity does this item support? Please list applicable estimated expenses by category.

The maximum request from the Hernando County Fine Arts Council is \$500. Please provide your full project budget, as the Hernando County Education Foundation will take a second look at all applications and potentially offer additional funding.

CATEGORY	Item Description(s)	Quantity	Item Cost
Salaries*			
Professional Contracted Workers*			
Classroom Materials			
Travel			
Program Supplies			
Computer Software***			
Computer Hardware***			
Other Equipment			
Printing*			
Tuition/Training/Conferences**			
Admission Fees			
Room Rental Fees			
Other Please Specify			
Telephone Service*			
Postage*			
*Only if directly related to program implementation **Other expenditures must be approved by the foundation before submitted (including out of state travels). ***TIS approval required			
Total Requested from the HCFAC			\$

Have you received any other funds to support this project? If so, how much and from who?

Name of Funding Source	Category & Description or Purpose	Dollars Received
Total of other funds received		\$
Total cost of Project		\$

_____ Bookkeeper's Signature	_____ Date
--	----------------------

If only partial funding is approved, how will you be able to fund the balance?

HCEF Classroom Grant Community Partnership Agreement

Please Note: You may have more than one partner. However, you must have individual signed agreements from all. School employees cannot be listed as community partners. A Community Partnership agreement may be verified via call or email.

Please describe how your community partner is relevant to and will be involved in the project:

I/We _____ agree to partner with
(Name of community partner)

_____ for completion of project titled
(School)

_____, during the 2023-2024 School year.
(Project)

The extent of my participation is described above.

Community Partner Signature

Date

Email Address

Contact Phone #