



# Ashland County Community Foundation

*...for generations to come*

## **TEACHER MINI-GRANTS to include ARTSDREAM Fund and Sandy Brown Honorary Vocal Music Fund**

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## **TEACHER MINI-GRANTS INFORMATION & PROCEDURE**

### **Purpose**

Teacher Mini-Grants are intended to:

- Encourage educators to use creativity to bring interesting new programs, projects, or events into the classrooms of Ashland County. (Ideas could target a classroom, a grade level or a group of children with similar needs.)
- Foster educational innovation by funding programs and projects *not supported by school budgets*.

### **Eligibility/Guidelines**

- **Teachers K-12 in Ashland County accredited public and private schools may apply**
- **Request must be for programs or projects outside the school budget**
- **Maximum grant is \$750.00**
- **Assistance requested could be for supplies, equipment, or any other expense related to a special program or project**

**Sandy Brown Honorary Vocal Music Fund**, a donor-designated fund, is a component of the Mini-Grants program to benefit vocal music education in Ashland County schools. Mini-Grant guidelines described above apply. Grants from this fund are solely for projects in vocal music. Notation of application to this Fund is not necessary. ACCF determines relevancy of applications for Sandy Brown Honorary Vocal Music Fund grants.

**ARTSDREAM Fund**, a donor-designated fund, is a component of the Mini-Grants program to benefit art education and raise art appreciation in Ashland County. Mini-Grant guidelines described above apply, except that grants from this fund are available only to K-12 teachers in Ashland County accredited public schools. Grants are solely for projects in the arts to include painting, sculpture, architecture, music, literature, drama, dance, etc. Notation of application to ARTSDREAM is not necessary. ACCF determines relevancy of applications for ARTSDREAM Fund grants.

### **Application Submission**

- **Deadline: September 8** (Applications received and/or postmarked after this date will not be considered)
- **Two copies** of the application must be submitted – *one in its entirety, another with all identifying information deleted*
- Supplemental information may be submitted with the application to further explain the grant request.
- Mail or deliver to Ashland County Community Foundation, 300 College Avenue, Ashland, OH 44805
- Notification of grant decisions is made by November 1. The Mini-Grants Committee judges applications on merit, need and accomplishable outcomes, and prefers creative/innovative programs and projects. Decisions are ratified by the ACCF Board of Trustees.
- ACCF does not discriminate based on age, gender, race, national origin, religious beliefs, disabilities, sexual orientation, economic circumstances or lifestyle.
- ACCF staff is available to answer any question and to assist with your application for a Mini-Grant.
- A follow-up report is required by the end of the school year should a grant be awarded. *Completion of the grant follow-up report is required for eligibility for future ACCF grants.*

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**



**TEACHER NAME** \_\_\_\_\_

Teacher home address, phone & email \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **Principal** \_\_\_\_\_

School address & phone \_\_\_\_\_  
\_\_\_\_\_

If this is a team teacher project, list the other participants and their titles \_\_\_\_\_  
\_\_\_\_\_

**REQUEST DATA**

**Project Name** \_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_ **Total Project Cost \$** \_\_\_\_\_  
(maximum \$750.00)

**What grade(s) or age(s) are the students?** \_\_\_\_\_ **Number of students participating** \_\_\_\_\_

**Describe the project for which you are requesting funding.** \_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**When will the project take place (timeline)?** \_\_\_\_\_

**Why is the project necessary (indicators of need)?** \_\_\_\_\_

**FUNDING PLANS**

Please detail the necessary expense for your project. List materials and other expenses involved.

Qty.	Description of material, item or equipment	Budget	Actual (to be completed following grant period)

TOTAL BUDGET: \$ \_\_\_\_\_

TOTAL REQUESTED: \$ \_\_\_\_\_

What are your other sources of fundraising for this project? \_\_\_\_\_

Would you accept partial funding? \_\_\_\_\_

**GOALS & EVALUATION**

Clearly state the goals of this project below to include how the request, if funded, will further educational opportunities for your students. Specifically define how the immediate and long-term goals will be evaluated.

<u>Project Goals</u>	<u>Evaluation of Goals</u>	<u>Actual Outcomes</u> (to be completed following grant period)

*Permission is given to the Ashland County Community Foundation to publish the names of winners and program design. We certify that this project is not supported by the school budget.*

\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_  
Principal Signature Date

\_\_\_\_\_  
Superintendent Signature Date