

**Engaging Creative Minds/O² Fitness Charleston Marathon[®] Grants Program For Schools
APPLICATION FOR SCHOOLS
Serving students in Charleston, Berkeley, and Dorchester District 2 Public Schools**

APPLICATION COVER SHEET

Name of School: _____

School District: _____

Grade Level(s) this grant will serve: _____ Telephone # _____

Contact Name and Title: _____

Mailing Address: _____

Email _____

Website _____

Name of Project: _____ Date/s _____ Location/s _____

Total Grant Amount Requested: _____

Record of in-kind services provided during the 2020 O² Fitness Charleston Marathon[®]:

(Please answer each line item below with yes or no)

Delivered an art piece _____ Yes _____ No

If applicable, how many art pieces did you deliver? _____

Provided a performing group during the marathon _____ Yes _____ No

My school sponsored an Aid/Water Station during the Marathon _____ Yes _____ No

My school sent additional volunteers to work in another capacity (not listed above, such as volunteering at the Marathon Expo, serving as course marshals, working the start/finish line, etc.)

_____ Yes _____ No Total number of additional volunteers _____

FOR OFFICE USE ONLY:

Application number: _____

Bonus point total: _____

If your school has previously received grant funding from the 2019 O² Fitness Charleston Marathon[®], a follow-up report must be submitted with this application. Reports should give a brief summary of activities conducted with grant funds and provide a simple budget statement that demonstrates how marathon grant funds were expended.

Did you receive a Charleston Marathon[®] Grant in 2019? _____Yes _____No

If yes, what was the title of your project? _____

Amount of funding received from the 2019 Charleston Marathon: _____

Did you attach a final report with this application? _____Yes _____No

_____N/A

Marathon Committee Eligibility Requirements

Please answer the following questions in narrative format within this document. DO NOT INCLUDE IDENTIFYING INFORMATION, such as name of school, teacher names, etc.

Limit narrative to 4 pages including all budget information and certification signatures.

1. **Project description: What is it specifically that you want to do?** (Include information which will help the committee to understand what you propose to do.) (10 points)
If this is an Artist-in-Residence request, please describe the artist(s) or organization(s) involved with the project: (Submit resume(s) if applicable)

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- 2. List academic or artistic learning standard(s) that will be addressed through this project and indicate how they will be addressed. Expected impact on other areas of student learning is also welcome (such as social-emotional learning). (5 points)**

FOR OFFICE USE ONLY:

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Bonus point total: _____

3. **How will you evaluate the impact or success of your project?** (Submit a sample evaluation form or tool if possible.) (5 points)

4. **Project Impact: How many individuals will benefit directly from the project and the proposed grant?** (5 points)

Students: _____ + Personnel: _____ = Total

Does this project serve an underserved population or students with disabilities? If so, please identify the population served:

If so, what percentage of that population is served by the project?

Others (such as entire community), please describe:

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5. Project Budget: Please complete the table below listing supplies, fees, and purchases that will be made with grant funds. The bottom of the table should reflect the total amount requested. Then, write a brief budget justification as described below. (5 points)

Project Budget Summary

List Items to be Purchased:	List Amount:
TOTAL EXPENSES:	

Budget justification: Please justify (in a brief narrative) why the items needed above are required for the successful implementation of your grant proposal. **Please note if matching or supplementary funds provided by other sources (such as the school PTA) will also be used for the full implementation of this project.*

<p>FOR OFFICE USE ONLY: Application number: _____ Bonus point total: _____</p>

Sign, date, and return one copy of application and W9 form **for the school** by: April 24, 2020
(Retain one copy for your records.)

LINK TO DOWNLOAD CURRENT W-9 FORM: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Certification: We certify to Engaging Creative Minds that:

The applicant is in compliance with the Marathon Committee's eligibility requirements and ALL information contained in this application is true and correct to the best of my knowledge. The filing of this application and signatures below have been authorized by the governing body of the applicant. The activities and services for which funding is sought will be administered by or under the supervision of the applicant solely for the described funding and program in the grant application. The applicant and any organization that it assists will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the O² Fitness Charleston Marathon[®].

Contact Signature and Date _____

Principal Signature and Date _____

Please list the teacher(s) who will be implementing this grant project with students:

All teachers who will be implementing the project need to sign off on the following statement:
If this grant proposal is awarded funding, I agree that I will implement this project with fidelity and will participate in data collection efforts required for the final report. I will also participate in ECM's "thank you" project by having students write a thank-you note to donors who make these grants possible. (ECM will contact teachers with thank you note guidelines during the 2020-2021 school year.)

_____ (Printed name)

_____ (Signature)

_____ (Printed name)

_____ (Signature)

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APPLICATION FINAL CHECKLIST:

- Applicant must use current application form.
- Applicant has submitted a complete application with information filled into the spaces below each question. Do not put "see attached." Do not leave questions unanswered.
- Applicant has provided reporting for funds received from 2019 O² Fitness Charleston Marathon[®], if applicable.
- Applicant has verified with principal one submission per school.
- Total grant application is no longer than 5 pages (including cover sheet).
- The application includes a school W9 form.

FOR OFFICE USE ONLY:

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Bonus point total: _____