



## NELSON COUNTY EDUCATION ENDOWMENT FUND MINI-GRANT APPLICATION

This Application is accompanied by a Mini-Grant Program Overview that explains the grant guidelines for this program. If your copy does not include this Overview, please contact the Endowment Fund at the phone number below to obtain a summary before completing this application. The application can be typed or handwritten. If handwritten, please print clearly! If you need additional space to answer a question, attach additional sheets as necessary.

To be considered for funding, one copy of this application must be delivered by the deadline to:

**The Nelson County Education Endowment Fund, Inc.**  
**Attn: Vivian Fleenor**  
**288 Wildcat Lane**  
**Bardstown, KY 40004**

See the Program Overview for additional information about the application process. Contact Vivian Fleenor, Executive Director, at 349-7000 with questions.

### SCHOOL INFORMATION



**SCHOOL ADVANCING APPLICATION:** \_\_\_\_\_

**COORDINATOR/CONTACT PERSON:** \_\_\_\_\_

**PHONE (WORK):** \_\_\_\_\_ **PHONE (HOME):** \_\_\_\_\_

**DATE OF INTENDED ACTIVITY:** \_\_\_\_\_

**DATE OF SUBMISSION:** \_\_\_\_\_

**AMOUNT REQUESTED:\$** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**ESTIMATED NUMBER OF STUDENTS PARTICIPATING:** \_\_\_\_\_

**GRADE LEVEL** \_\_\_\_\_ **SUBJECT:** \_\_\_\_\_



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## **GOAL**

**Briefly describe the Goal of the Project. (Include a statement of need, who is the target population, and how will they benefit from the project.)**

## **SUMMARY**

**Describe the project in more detail. (Include answers to the following questions: How is the project unique? Why was this project selected? What is the project timeline? What will be the project impact? What activities need funding?)**



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## **EDUCATION PROGRAM**

**Describe how this project would fit in with the Education Program/Consolidated Plan at your school. (Include examples of instructional follow up.)**

## **EVALUATION**

**Describe the Evaluation tool that will be used to measure the effectiveness of the project and indicate what would be returned to the NCEE Board of Directors as evidence of that effectiveness.**



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### BUDGET

Describe the project budget. Please be as specific as possible.

<b>Type of Expense</b>	<b>Amount of Expense</b>
<b>Instructional/Educational/Research</b>	\$ _____
<b>Instructional Materials</b>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expenses</b>	\$ _____

### PROJECT INCOME

**Amount requested from NCEEF** \$ \_\_\_\_\_

**Other income sources (if any):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
**Mini-Grant Contact**

\_\_\_\_\_  
**Principal Signature**

Note: All expenditures must be supported by receipts signed by both the contact person and the principal.