



HEALTH AND WELLNESS GRANT PROPOSAL

The Education Foundation for Clinton City & Anderson County Schools provides a variety of services for Anderson County and Clinton City Schools. As a result of the success of the Annual Clinton4Kids 5K, the Foundation is pleased to offer the opportunity to apply for funds to support the health and wellness of students enrolled in both school systems. In keeping with this goal, the Education Foundation will request that future grantees support the Annual Clinton 5K through their participation as a volunteer/participant or in recruiting sponsorship and/or runners for the race. This will be a requirement for grant applicants in 2020.

Grants proposals can be submitted in any amount up to \$1,000.00 based upon the applicant's request. Please be specific in regards to the amount requested to fund your Health and Wellness Project for students in your school.

The Grant Proposal submission deadline is Monday, December 17, 2018. Please submit completed proposal documents with any attachments to Vikki Burns at vburns@acs.ac. Grant award recipients will be notified by email by January 15, 2019. Grant award recipients will also be recognized at the 2019 Annual Teacher & Principal of the Year Banquet on April 16, 2019.

Grant recipients will request reimbursement for purchases covered by this grant after purchases are made up to the amount awarded. Grant recipients will submit copies of the original invoices and packing lists along with copies of the checks reflecting payment of those invoices. The Foundation will then reimburse the school for those purchases covered by the grant.

This form is in a fillable format with text boxes that will expand. Once you have completed the document, print and sign. Then scan the document and email to vburns@acs.ac.

NAME OF SCHOOL:

Click here to enter text.

INSTRUCTOR WHO WILL BE IMPLEMENTING THE PROJECT:

Click here to enter text.

TITLE OF PROJECT:

Click here to enter text.

HOW MANY STUDENTS AND WHAT GRADE LEVELS TO BE SERVED?

Click here to enter text.

MAXIMUM AMOUNT REQUESTED FOR THIS PROJECT:

Select maximum amount applied for.

Grant Proposal Details

I. BRIEF DESCRIPTION OF THE PROJECT:

Describe project goals focused on student achievement of the Health & Wellness Standards.

[Click here to enter text.](#)

II. WILL THIS PROJECT BE DIRECTLY/INDIRECTLY LINKED TO OTHER CURRICULUM AREAS DURING ITS IMPLEMENTATION? YES NO

IF YES, PLEASE DESCRIBE: [Click here to enter text.](#)

III. WHEN WILL THIS PROJECT BE IMPLEMENTED? [Click here to enter text.](#)

IV. BUDGET:

(Please detail items to be purchased and costs. If you have quotes from vendors please complete info below and attach quotes to the application.)

VENDOR	ITEM	#	TOTAL COST
EXAMPLE EQUIPMENT, LLC	WIDGETS/GREEN/3LBS	25	\$250.00
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Click here to enter text.	Click here to enter text.	0	<input style="width: 100%;" type="text"/>
Total Funds Requested for Grant Proposal			<input style="width: 100%;" type="text"/>

Instructor Signature

Principal Signature



Please limit your proposal information to include the cover page and the information requested on this page only. Please note: The text boxes will expand as you complete the form resulting in your page count expanding. You may include vendor attachments on separate pages with your grant submission.