

## ***HCFAC Arts in Education Grant Application 2024 - 2025***

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

## 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.)

**Budget Detail:** Budget Items must align with 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<br>**Other expenditures must be approved by the foundation before submitted (including out-of state-travels).<br>***TIS approval required |                     |          |           |
| <b>Total Requested from the HCFAC</b>   |                     |          | <b>\$</b> |

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

| Name of Funding Source               | Category & Description or Purpose | Dollars Received |
|--------------------------------------|-----------------------------------|------------------|
|                                      |                                   |                  |
|                                      |                                   |                  |
|                                      |                                   |                  |
| <b>Total of other funds received</b> |                                   | <b>\$</b>        |
| <b>Total cost of Project</b>         |                                   | <b>\$</b>        |

|  |                      |
|--|----------------------|
| _____<br><b>Bookkeeper's Signature</b> | _____<br><b>Date</b> |
|--|----------------------|

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

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### 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 #