

**ROBERT WARDE CHAMBERS –
BROOKS COUNTY PUBLIC EDUCATION FUND**

c/o Community Foundation of South Georgia, Inc.
P.O. Box 2654
Thomasville, GA 31799

GRANT REQUEST APPLICATION

Policy:

The Robert Warde Chambers – Brooks County Public Education Fund will review applications for grants at our November meeting.

- The deadline for the submission of a Grant Request Application is **Friday, November 13, 2020 at the Community Foundation office, located at 114 W. Jackson St. in Thomasville, by 12:00 noon –OR- you may email your application as one continuous PDF file to cbowen@cfsga.net. Late applications or applications saved as separate files will not be accepted.** Grant recipients will be notified by the end of **December 2020**.
- Any school employee, school support group, etc. may submit a Grant Request Application. No grant will exceed \$500 and funds will be allocated only for academically related projects and endeavors within the current school year.
- **If you requested an extension to use (or provide receipts for) funds that were awarded in 2019, you are not eligible to apply in 2020.**
- **Please submit (1) original and (8) copies if submitting a hard copy.**

Procedure:

Each person/group submitting an application must complete all segments of the application. Incomplete applications will not be reviewed.

1. Name of applicant(s): _____

Name and address of school: _____

Relationship/involvement with school: (i.e. teacher, principal) _____

Phone: _____ Email: _____

2. On a separate page, describe in detail your proposed use of the grant. Please limit your description to one or two pages if possible. Explain how the endeavor will promote academic excellence and how many children will be affected. Please be specific as to what you want to accomplish and how you are going to accomplish it. List what funds, if any, from other public or private sources have been received or are under consideration.

3. Please provide a detailed budget explaining exactly how money will be spent (materials needed, registration fees, travel costs, etc.) Use an additional page if necessary.

Description of materials/fees/etc.	Amount
Total Amount Requested	

I agree to provide the Robert Warde Chambers – Brooks County Public Education Fund with documentation (receipts, etc.) showing the use of the grant before May 31, 2021.

Signature of Applicant(s): _____

I confirm that this project is not able to be funded by the School System.

Signature of Principal: _____