

# HC\*EXCELL

THE EDUCATION FOUNDATION

P. O. Box 2156  
Morristown, TN 37816-2156

## COMMUNITY GRANT APPLICATION

**MISSION:** To enhance the quality of teaching and learning in Hamblen County, to help improve student performance and to help provide greater opportunities for students to become productive and successful citizens.

APPLICANT(S) \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ POSITION \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (OFFICE) \_\_\_\_\_

TITLE OF PROGRAM \_\_\_\_\_

PROGRAM DESCRIPTION/OBJECTIVE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECT	
<input type="checkbox"/> ARTS	<input type="checkbox"/> SOCIAL STUDIES
<input type="checkbox"/> LANGUAGE	<input type="checkbox"/> SPECIAL ED.
<input type="checkbox"/> MATH	<input type="checkbox"/> VOCATIONAL
<input type="checkbox"/> READING	<input type="checkbox"/> WRITING
<input type="checkbox"/> SCIENCE	<input type="checkbox"/> OTHER

STUDENTS TO BE SERVED (grade level(s)) \_\_\_\_\_ NUMBER SERVED \_\_\_\_\_

PROGRAM COST (Complete detail on HC\*Excell Budget Form (reverse)) \_\_\_\_\_

COULD PROJECT PROCEED WITH PARTIAL FUNDING?  YES  NO

I (We) assure HC\*Excell that this program promotes excellence in Hamblen County public education. I (We) further agree that HC\*Excell is merely a funding institution and is not responsible in any way for damages from personal injury or property damage resulting from the funded program.

APPLICANT(S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOARD CHAIRPERSON APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_



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## COMMUNITY GRANT EVALUATION

**NOTE:** Failure to submit a Grant Evaluation Form when requested will result in future applications not being considered.

**DEADLINE FOR SUBMISSION** is the last day of the current school year.

NAME OF APPLICANT \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (OFFICE) \_\_\_\_\_

TITLE OF PROGRAM \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ SUBJECT \_\_\_\_\_

RESULTS OF PROGRAM (use ONLY space provided) \_\_\_\_\_

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### **BUDGET SUMMARY:**

	<u>BUDGETED</u>	<u>EXPENDED</u>
Permanent Equipment	\$ _____	\$ _____
Materials & Supplies	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Outside Personnel Cost	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

ADDITIONAL FUNDING (if applicable) \$ \_\_\_\_\_ SOURCE \_\_\_\_\_

APPLICANT(S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_