



Grants Program for Schools

APPLICATION PURPOSE

Engaging Creative Minds (ECM) was founded in 2012 by leaders from local school districts, the College of Charleston, the Cities of Charleston and North Charleston, the Charleston Regional Alliance for the Arts, the Youth Endowment for the Arts, and the Crystal-Barkley Corporation. The mission of Engaging Creative Minds is to inspire the creative and innovative potential of all students to achieve academically and become imaginative, adaptable, and productive adults resulting in stronger communities and an increasingly competitive South Carolina workforce. To that end, the ECM Grant Program is administered by the ECM Board of Directors and receives funding from the Charleston Marathon. ECM Grant Program projects must give credit in all printed materials to ECM as follows:

“This project was funded in part by Engaging Creative Minds, which was made possible by funding received from the annual Charleston Marathon.”

The ECM/Charleston Marathon Grants Program (formerly the YEA Grants Program) supports students in Charleston County Public Schools through grants of **up to \$3,000** to fund the following initiatives: **art integrated projects in all art disciplines that increase academic achievement and participation in the arts; and arts equipment for which funding sources are limited.**

APPLICATION PROCESS

Application/Report available at charlestonmarathon.com

<u>Recipients from 2016 Report Deadline:</u>	<u>2017 Application Deadline:</u>	<u>Notifications mailed:</u>
04/21/17	04/21/17	05/19/16

A completed application must be submitted by the deadline (**April 21, 2017**) in order to be considered for funding for the 2017-2018 school year. Applicants must use the current application form. Completed applications will be collected and verified by the CCSD Fine Arts Office. Applications will then be given to the Engaging Creative Minds Marathon Growth Committee for a blind review and scoring process. Proposals with the highest overall score (including bonus points earned for Charleston Marathon participation) will be awarded until funding is exhausted. Applicants may receive only one annual grant per academic school year.

Email submission to:

catherine_hines@charleston.k12.sc.us

For more information, please contact:

Susan Antonelli, Director of Education, 843-277-2016 or email at susan@engagingcreativeminds.org

**Engaging Creative Minds/Charleston Marathon Grants Program
APPLICATION FOR SCHOOLS
Serving students in Charleston County Public Schools**

APPLICATION COVER SHEET

Name of School: _____ Total Amount Requested: _____

Grade Levels Served: _____ Telephone # _____

Contact Name and Title: _____

Mailing Address: _____

Email _____ Website _____

Name of Project: _____ Date/s _____ Location/s _____

Record of in-kind services provided during the 2017 Charleston Marathon:

Please answer each line item below with yes or no.

Delivered an art piece _____ Yes _____ No

If applicable, how many art pieces did you deliver? _____

Provided a performing group during the marathon _____ Yes _____ No

My school sponsored an Aid/Water Station during the Marathon _____ Yes _____ No

My school sent additional volunteers to work in another capacity (not listed above, such as volunteering at the Marathon Expo, serving as course marshalls, working the start/finish line, etc.)

_____ Yes _____ No Total number of additional volunteers _____

If your school has previously received grant funding from the Charleston Marathon in 2016, a follow-up report must be submitted with this application. Reports should give a brief summary of activities conducted with grant funds and provide a simple budget statement that demonstrates how Marathon grant funds were expended.

Did you receive a Charleston Marathon Grant in 2016? _____ Yes _____ No

What was the title of your project? _____

Amount of funding received from Charleston Marathon in 2016: _____

Did you attach a final report with this application? _____ Yes _____ No _____ N/A

FOR OFFICE USE ONLY:

Application number: _____

Bonus point total: _____

Grant Application Requirements

Please answer the following questions in narrative format within this document.
DO NOT INCLUDE IDENTIFYING INFORMATION, such as name of school, teacher names, etc.
Limit narrative to 4 pages including all budget information and certification signatures.

1. **Project description:** What is it specifically that you want to do? Include information which will help the committee to understand what you propose to do. (10 points)
If this is an Artist-in-Residence request, please describe the artist(s) or organizations involved with the project: (Submit resume(s) if applicable)

2. List academic or artistic learning standard(s) that will be addressed through this project and indicate how they will be addressed. Expected impact on other areas of student learning is also welcome (such as social-emotional learning.) (5 points)

3. How will you evaluate the impact or success of your project? (Submit a sample evaluation form or tool if possible.) (5 points)

4. **Project Impact:** How many individuals will benefit directly from the project and the proposed grant? (5 points)

Students: _____ + Personnel: _____ = Total

Does this project serve an underserved population or students with disabilities? If so, please identify the population served:

If so, what percentage of that population is served by the project?

Others (such as entire community), please describe:

5. **Project Budget:** Please complete the table (below) listing supplies, fees, and purchases that will be made with grant funds. The bottom of the table should reflect the total amount requested. Then, write a brief budget justification as described below. (5 points)

Project Budget Summary

List Items to be Purchased:	List Amount:
TOTAL EXPENSES:	

Budget justification: Please justify (in a brief narrative) why the items needed above are required for the successful implementation of your grant proposal. **Please note if matching or supplementary funds provided by other sources (such as the school PTA) will also be used for the full implementation of this project.*

FOR OFFICE USE ONLY: Application number: _____ Bonus point total: _____
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Sign, date, and return one copy of contract and W9 form for the school by: April 21, 2017 (Retain one copy for your records.)

LINK TO DOWNLOAD CURRENT W-9 FORM: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Certification We certify to Engaging Creative Minds that:

The applicant is in compliance with stated eligibility requirements and ALL information contained in this application is true and correct to the best of my knowledge. The filing of this application and signature have been authorized by the governing body of the applicant. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant solely for the described projects and programs. The applicant and any organization that it assists will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from ECM/Charleston Marathon.

Contact Signature and Date _____

Principal Signature and Date: _____

APPLICATION FINAL CHECKLIST:

- Applicant must use current application form.
- Applicant has submitted a complete application with information filled into the spaces below each question. Do not put "see attached." Do not leave questions unanswered.
- Applicant has provided reporting for funds received in 2016.
- Applicant has verified with principal one submission per school.
- Total grant application is no longer than 5 pages (including cover sheet.)
- The Application includes a school W9 form.

FOR OFFICE USE ONLY:

Application number: _____

Bonus point total: _____