

Lancaster County School Counselors Association Grant Application

2020-2021 APPLICATION CYCLE

Application Deadline: December 18, 2020 3:00 p.m.

Project Period: January 1, 2021 – April 15, 2021

Grant Amount: minimum \$250 – maximum \$500

LCSCA GRANT APPLICATION COVER SHEET

(Please print or type)

The Lancaster County School Counselors Association works towards promoting the professional status and growth of its members, and improving guidance and counseling services in our schools. This Grant supports those objectives.

Applicant Name _____

School _____

Work Address _____

Home Address _____

Work Phone _____ Home Phone _____ E-mail _____

Project Title: _____

[To be completed by applicant]

This is to certify that:

- I am a member of the Lancaster County School Counselors Association.
- All information contained herein is accurate, complete, and current.
- If I receive funding for this project, I will adhere to all program requirements, which include:
 1. Submission of a signed project agreement confirming program requirements and procedures.
 2. Presentation of Project at the April General Meeting of LCSCA.
 3. Submission of copies of signed visual release forms of anyone in photos submitted as part of project reporting.
 4. If funded, the proposal will be implemented as described herein. Any changes must be approved by the Executive Committee of LCSCA.
 5. Any publicity regarding the project should name the Lancaster County School Counselors Association as the funding source, and copies of any publicity will be provided to the Association.

Applicant Signature

Date

[To be completed by applicant's supervisor]

My signature indicates that I:

- Agree that the overall project plan, staff time to be involved, and items/services requested to be purchased are reasonable and appropriate.
- Confirm that the items/services to be purchased fall outside of items/services required by my program.
- Believe that the project's implementation will benefit the students in our school.

Supervisor's Signature

Date

Supervisor's Name (Printed)

LCSCA GRANT APPLICATION FORM

(Please print or type. Please include Project Title and page numbers at the bottom of each page of your application.)

The following completed items are required for an application packet to be reviewed:

1. **Application Cover Sheet** signed by applicant and applicant's supervisor.
2. **Application Form** (continue on attached sheets if necessary)
3. **Budget Form** (continue on attached sheets if necessary)

EVALUATION CRITERIA – Applications will be evaluated based on the following criteria:

- **Project goals** – Goal(s) should be clearly stated, measurable, realistic, and aligned with the philosophy and objectives of the Lancaster County School Counselors Association.
- **Need for project** – Reasonable and clear need should exist for this project which is not addressed by the current program; Funds can be used to continue a project that has lost State or Federal Funding.
- **Project description** – Project to address need and meet goal(s) should be clearly described including methods/activities, needed materials, resource personnel, and reasonable timeline.
- **Impact of the project** – Project should positively impact students, and the extent of impact should justify the investment in the project.
- **Project evaluation plan** – An evaluation plan should be provided which will clearly measure the success of the project in meeting project goal(s) and addressing identified need.
- **Budget** – Budget should thoroughly reflect funding for project activities, be reasonable, and show cost-effective use of Association funds.

*Please provide information about your proposed project by completing the following items.
You may attach additional pages if necessary.*

I. ALIGNMENT WITH THE ASSOCIATION'S PHILOSOPHY AND OBJECTIVES:

Check the characteristic(s) that apply to your proposed project. This project is:

- _____ An innovative or enriched educational opportunity to advance growth for Lancaster County students.
- _____ An opportunity above and beyond what is currently supported by school/district/IU 13 resources (could be because a funding source is no longer available).
- _____ An opportunity with strong potential for broad and/or long-term benefits.

II. PROJECT GOALS: Please list the goal(s) of your proposed project.

III. ALIGNMENT WITH ASCA STANDARDS: How does this project align with the ASCA Standards or Mindsets?

IV. **NEED:** How does the project focus on a need not addressed by the current program?

V. **PROJECT DESCRIPTION:** Describe your project including methods/activities, needed materials, resource personnel, a tentative schedule, and your completion date.

VI. **IMPACT:** Describe how the project is expected to positively impact students. Please include the number of staff and students anticipated to be affected by the project.

VII. **EVALUATION:** How will you determine whether your goal(s) have been achieved?

- VIII. **BUDGET:** Include a detailed, itemized budget for the project, indicating how Association funds would be spent. Please include other funding sources, if applicable.

SUBMISSION INSTRUCTIONS:

Application Receive Deadline: December 18, 2020 before 3:00PM

Submit the completed application packet by one of the below methods:

Mail: Steve Habowski
Ephrata High School
803 Oak Blvd
Ephrata PA 17522

Email: s_habowski@easdpa.org

All applications must be signed by both the applicant and supervisor to be considered.

Please contact: Steve Habowski (717) 721-1503 with any questions