



Blount County Education Foundation, Inc.

P. O. Box 603 Oneonta, AL 35121

Jeff Hallmark, President Jackie Sivley, Vice President Wes Dillard, 2nd VP

Kim Russell, Secretary ShaRonda Holmes, Treasurer

Denise Martin, Asst. Treasurer Jim Henderson, Past President

Rodney Green, Superintendent

**Over \$11 Million Provided to Blount County Schools
through BCEF Projects!!!!**

2025-2026 GRANT APPLICATION INSTRUCTIONS/CHECKLIST

The official Grant Application is available by emailing Mitchie Neel or from your principal or BCEF School Contact. Each question must be included in the grant application body if the applicant enters on another format. Of the total amount to be awarded, 75% will be awarded to Individual Grants Applications and 25% will be awarded to Collaborative Grants Applications.

Applications not following instructions will not be considered.

Grant Checklist Item
A grant applicant can participate in only one grant application and must be a full-time certified employee of BCBOE.
The Grant Application is completed using at least 12 point font and has a maximum of 3 pages, including budget page. Itemized lists, such as lists of books for purchasing are attachments and do not count in the maximum number.
The grant application is entirely the work of the applicant(s).
Types of Grants Available: Individual Grant, Collaborative Grant Regular Grant request maximum: Individual \$750, Collaborative - \$750 per member of the group up to 3 members.
Applicant name and School name do not appear in application, except on Application Information/Cover page.
Collaborative Grant maximum is 3 persons. Each signs the Application Information/Cover Page.
Itemized budget is included. The Budget is a section of the application and requires 5 copies.
Technology items included in budget support and are in compliance with the BCBOE Technology Plan and Responsible Use Policy. ALL technology items are subject to approval of the BCBOE Technology Dept.
ALL vendors must be approved BCBOE vendors who accept purchase orders and have been reviewed by the school Principal and Bookkeeper PRIOR to grant application submission. Vendor approval is provided by the Principal and Bookkeeper.
Application is signed by the applicant(s) and approved/signed by principal BEFORE submitting.
Postmark Deadline – October 8, 2025 Applications must be mailed to the address below or submitted to a representative of BCEF at a time to be designated at each school. <i>An application pickup schedule will be shared.</i> Application Packet includes the following: <ul style="list-style-type: none"> ONE copy of the General Application Information Page (Cover Page) FIVE copies of the Grant Application – The narrative (Section 1) may not exceed 2 pages and must be a minimum of 12 pt. font. The Project Budget Page 1 (Section 2) makes the application 3 pages. Additional pages to list items to be ordered are allowed and do not count to the maximum. MAIL application packet to: Blount County Education Foundation Grant Program, P. O. Box 603, Oneonta, AL 35121

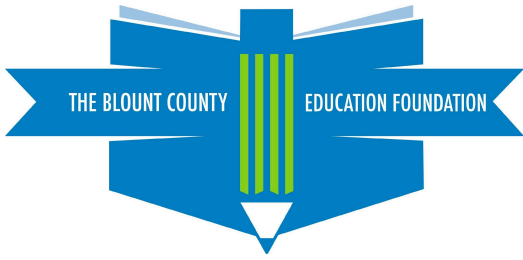
The following evaluation criteria will be utilized:

Area	Points
Project Narrative – Project purpose and summary clearly stated, resources described, project impact, academic connection/focus	65
Project Budget – Itemized budget is provided. Math is correct.	10
Application Neatness and Organization	10
Overall Impact	15
TOTAL POINTS POSSIBLE	100

Application Postmark Deadline: October 8, 2025 **Grant Awards Announcement: November 14, 2025**

You may also submit your Application on **Grant Pick-up Day on Tuesday, October 7th.**

Questions may be submitted to Mitchie Neel, mneel@blountboe.net



Blount County Education Foundation, Inc.

P. O. Box 603
Oneonta, AL 35121

Foundation
Use Only:
Proposal

Reminders: All application instructions must be followed. Any application not following the instructions will not be considered. Multiple entries of the same application are not permitted.

The grant application must be the work of the applicant(s).

2025-2026 General Application Information/Cover Page

Application Information Requested	Enter Responses Below:
Name(s) of Applicant(s) Note: Must be a FULL-TIME CERTIFIED employee of BCBOE <i>Individual Application – One Name</i> <i>Collaborative Application- Max of 3 Names</i>	List each applicant name below:
School Name	List the School Name:
Type of Grants Submitted: Note: You may apply for only ONE grant (individual OR collaborative).	Check only ONE: _____ Individual Application (\$750 Maximum) _____ Collaborative Application (Maximum of 3 persons and \$750 per person in collaborative group)
For Individual Grant Applicants only: Do you wish to be considered for the Signature and Diamond Grant Categories?	_____ Yes, I will be willing to adjust my budget if selected for a Signature or Diamond Grant!
Title of Grant Application Project Proposal	
Amount Requested: Individual Application Maximum - \$750 Collaborative Application Maximum - \$750 per person in Collaborative Group, Max of 3, \$750 x # persons=Amount	Total Amount Requested from BCEF: \$ _____
Total Number of Students to Be Served through Grant Project	
Grade Level(s) to be Included in Grant Project	
Teaching/Job Assignment of Grant Applicant(s)	
Subject/Department Area(s) included in Grant Application Project Note: Check all that apply to the grant project application.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Government/Civics <input type="checkbox"/> Library Media <input type="checkbox"/> Fine Arts (Music, Art, Drama, etc.) <input type="checkbox"/> Physical Education </div> <div style="width: 50%;"> <input type="checkbox"/> Career Technical <input type="checkbox"/> English Language Learners <input type="checkbox"/> Foreign Language <input type="checkbox"/> Guidance/Counseling <input type="checkbox"/> Health <input type="checkbox"/> Technology <input type="checkbox"/> Special Education <input type="checkbox"/> Other (Explain) </div> </div>
Applicant Signature(s): <i>One Signature if Individual Application. If Collaborative Application, each member of group signs. Only ONE application packet is submitted by a collaborative group. Multiple entries of the same grant application, individual or collaborative, are not permitted.</i>	By signing this application, I/we certify: 1) This application is from and is the work of the applicant(s). 2) The applicant(s) will be responsible for its implementation, if awarded.
Principal Approval Signature	Principal approval signature needed PRIOR to submission:

Blount County Education Foundation
2025-2026 Classroom Grant Application

SECTION 1: PROJECT NARRATIVE

Basic Information about Your Project:

Area	Response
Type of Grant Application (Check ONE.)	<input type="checkbox"/> Individual OR <input type="checkbox"/> Collaborative: # in Collaborative Group <input type="text"/>
Project Title	
Grade Level(s) to be Served through Project	
Subject(s)/Department(s) to be Served	
Total Number of Students to be Served	
Does your application align with the BCBOE Technology Plan, if you are applying for Technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have your principal and bookkeeper review and approve your vendors before submitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Project Description Narrative:

Address the following items in your Project Description Narrative. The submitted application may not exceed three pages, including your budget section, and must use at least 12 pt. font. Project Narrative is a maximum of two pages and may include the following, as applicable.

- What is the purpose of the proposed project and how will it impact your students?
- What resources will this project provide, why are they needed, and how will they be used?
- Who will benefit from this project's implementation (target population) and how?
- What is the academic connection and focus of this project?
- Include data and other information if applicable.

SECTION 2: PROJECT BUDGET**Project Title:** _____

NOTE: The PROJECT BUDGET is a part of the Grant Application and requires the 5 copies. Each school principal and bookkeeper will determine if the purchase order(s) need to be submitted to the school at application deadline. Purchase orders will NOT be submitted with application but may be submitted at the school as directed by the Principal and Bookkeeper.

Budget Directions: Enter budget information on charts below. If project budget exceeds the maximum allowed for this type of application, indicate the source of additional funds. Individual application maximum request is \$750. Collaborative application request maximum is \$750 x # people in the group, up to 3 people.

All technology items **must** be in compliance with the BCBOE Technology Plan and Responsible Use Policy.

If the purchase includes items that need to be installed, include the installation in your budget.

All vendors **must** be approved BCBOE vendors for YOUR school who accept purchase orders and have been reviewed by the principal and bookkeeper **before** submission. Allowable vendors are established by the SCHOOL not BCEF.

Attachments to the budget to list books, items, etc. are permitted and do not count in the maximum number. Judges want to know exactly what is proposed in the project.

Project Budget Summary Chart:

Area	Response
Which type of application is this project?	_____ Individual _____ Collaborative (# in group_____)
Identify the type or category of resources of the grant project. (Example: technology, reading resources, math manipulatives, science resources, books, center resources, etc.)	
Total Budget for Proposed Project	
Amount requested from BCEF for the Project	
If total budget is more than amount requested from the Education Foundation, what is the source of additional funds needed to implement project?	

Itemized Budget Chart: Additional lines may be added as needed. If this makes the budget page longer, that is acceptable. **Judges want to see exactly what you are purchasing. Be specific!**

Item #	Vendor Name	Proposed Items for Purchase	Quantity to Purchase	Individual Item Cost	Total Cost

Project Subtotal \$ _____
Shipping Cost (If none, indicate \$0.00.) \$ _____
Project total \$ _____

