

SPARTAN KIDS FOUNDATION FITNESS GRANT APPLICATION

GENERAL INFORMATION

Name of School / Organization: _____

School District: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Principal: _____ Email: _____

Grant Lead Contact Name: _____ Title: _____

Name of PTO applying (if applicable): _____

EIN of Organization (if applicable, must be a nonprofit): _____

Phone: _____ Email Address: _____

Grade levels / Ages served: _____ Total number of students / Members: _____

Percentage of students receiving free or reduced lunch: _____

Title 1 School: Yes No

PROJECT PROPOSAL

Proposed Grant Funded Activities (please check all that apply):

- Equipment purchase
- Staff training
- Offsite athletic activities/competition participation fees and/or travel expenses
- On-site special programming
- Other

Number of students / members who will benefit from grant-funded activities: _____

NARRATIVE RESPONSES

Please limit your response to each question to 200 words or less.

Briefly describe the needs addressed through the proposed grant-funded activities.

Briefly describe how the requested grant funding will be used to promote a healthy and active lifestyle among your children – Please include information addressing how the program is innovative, and its expected outcomes.

Breakdown of proposed use of grant-funds: Requests should total no more than **\$500**.

Expense Description (<i>ex: balls for playground, travel to event, etc.</i>)	Amount (\$)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Any feedback or questions on the grant program can be directed to spartankids@givingback.org.