THE PLAYERS CC! Teacher/ THE PLAYERS CC! Teacher/ PROUDLY SUPPORTS **School Grant**



Applicant's Name:	CHARACTER	
School:	COUNTS: OF ST. JOHNS COUNTY	
Email:		
Phone:		
School administrator:		
CHARACTER COUNTS! representative for school:		
Project title:		
Estimated number of students impacted by project:		
Grade levels to be addressed:		
Amount requested:		
Project Summary: Give a brief description/summary of the project.		
Needs Statement: Provide a needs statement and describe your target population of school or cl	assroom. Include who	
will be served (students, staff, parents, community) and approximate number to be served.		
Project Description: Explain your activities and what you are trying to accomplish. What are your	project goals? How	
will the project be carried out? Include a timeline. How will your project incorporate promoting go		
Project Outcome and Method of Evaluation: Explain how your project will impact student growth good character. How will it be evaluated? What evaluation tools will be used?	i as weii as promote	

Total Project/Program Costs- Line Item Budget

Itemized Description	Unit Cost (cost of one	Quantity (Total number of	Total (Multiply cost by # of
	item)	items)	items)
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Project Costs		\$	

^{**} Please attach an additional sheet if need.

Do you receive funds from any other source(s)? If so, please provide source(s) and total dollar amount. (I.e. SAC, PTO, Booster Club or any organizations who gave a donation, sale of items, other contributions).