



Newport News Public Schools
School/Department Grant Application Form

Section I

Title of Project: _____

Amount of Funding Requested: _____

Project Leader(s)/Organizer(s):

Name: _____ **School/Dept:** _____

Email: _____

Name: _____ **School/Dept:** _____

Email: _____

*******Please provide a list of probable participants with the application*******

Signature(s) of Project Leader(s) **Date:** _____

Signature(s) of Project Leader(s) **Date:** _____

Signature of Wellness Lead **Date:** _____



Section II

Directions: Please summarize your project and answer the following questions below. This will help our Wellness Grant Committee award grant money to the projects that most closely meet the selection criteria.

Applications can be found on the Newport News Public Schools Staff Wellness website. The application may be hand written on a separate piece of paper, however it must be legible. The responses should be succinct and clear of spelling and grammatical errors.

In the interest of impartiality, please do not use any proper names of people or schools in the answers except on the cover page.

Title of Proposal: _____

***Provide an itemized budget indicating how grant funds will be spent.
(See attached form)***

Brief Summary of the Project: (In 150 words or less, please provide a description of the proposed project. This may be reproduced in the NNPS Wellness Times newsletter.)

Project Details – Please answer all questions in bold type.

- 1. How does this proposal relate to the NNPS Employee Wellness Program initiative?**

- 2. How will this proposal motivate staff members to achieve their wellness goals?**

- 3. What methods will be used to ensure that all who might benefit from this proposal are provided an opportunity to participate?**

- 4. How will you document participation?**



Section III

Proposed Budget – Please be as detailed as possible. Be sure to get at least 3 quotes for services or products. Attach the quotes to the application.

(Do not attach purchase orders or order forms.)

Item Description	Reusable Y or N	Quantity	Itemized Cost	Total Cost
Total :				

******Please add in estimated shipping and handling charges if needed******

Section IV

Certification

I certify that all information in this request is correct. I have reviewed my proposal with my Wellness Lead or Supervisor. I agree to submit a summary report of the proposal impact/outcome within 30 days of the project’s completion. Also, I grant Newport News Public Schools the right to use this proposal and results for use in Wellness program publications.

Applicant’s Name (Printed)

Name of School/Dept.

Applicant’s Signature

Date

Send request to:
Newport News Public Schools
Attn: Catrice Rothe
12507 Warwick Blvd
Newport News, VA 23606