

Tift County Foundation for Educational Excellence

Howard Center Academic Competition Grant Guidelines

Applications due to 8th Street Middle, NE Middle, TCHS principal Oct. 15, 2018

- The grant applications that show matching funds will receive higher priority.
- Matching funds do not have to be in the school bank account at the time of the grant application.
- Guidelines and application will be placed on website tcfee.org for 8th Street Middle School, NE Middle School, and TCHS in September.
- Grant application will be submitted to the principal for signature and THEN via Email or fax to: moppy@friendlycity.net Fax: Moppy Brumby at NESPAL 229.386.7371
- Questions: contact Mike or Moppy Brumby at 229.382.7515.
- Principal will work with faculty advisor requesting funding to determine dollar amount needed for hardship cases (food, clothing, lodging, transportation, registration, dues, etc.) and note this on application.
- Grants applications may be submitted later in the year to the TCFEE. If funds are available, TCFEE may make additional awards.
- Recipient should send a brief report of use of funds to Moppy Brumby by May 15.
- Examples of past funding recipients include the Debate Team, Chess Club, Blue Devil Players, TCHS Show Choir, Science Olympiad Team, FBLA, Mock Trial Team, Career & Technical Instruction

Tift County Foundation for Educational Excellence, Inc. Howard Center Academic Competition Grant Application

2018-2019 Academic Year Deadline: October 15, 2018 Submit by email or fax moppy@friendlycity.net

Moppy Brumby at NESPAL 229.386.7371

Name of entity requesting funding:	
Signature of faculty sponsor:	
Signature of Principal:	
Principal recommends amount requested for hardship needs (food, clothing, lodging,	
transportation, registration, dues, etc. for individ-	lual students):
Brief Description of funding needed: (Use Attachment if needed)	
Budget (Use Attachment if needed) showing ma	atching funds from requesting entity if
applicable.	
1. Matching funds of \$ are alre	ady collected.
2. Matching funds of \$ will be	collected.
3. Total project budget \$	
4. Number of students served	
Grant Request:	
Special Needs:	
Approximate total annual budget of team/clul	b
Total requested:	