



## TEACHER MINI GRANT APPLICATION

Dear Applicant:

The Ocala Marion County Association of REALTORS® Community Awareness Committee is once again accepting applications for teacher mini grants.

This year we have a total of \$10,000 available to be divided between each school level, elementary, middle & high to assist Marion County Educators. Each year we receive many requests and all are reviewed by the committee.

Part of the decision process is looking at the requests which have the ability to impact the most students this year and in the future. ***\*Please note: Non-Sustainable items/events/consumables will not be funded (social events, field trips etc.)***

**All requests must be received by the deadline of September 30, 2018.**

Sincerely,  
*Randy Alvord & Ellie Trahan*  
2018 Community Awareness Co-Chairs

Total Amount Requested: \$ \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Teacher E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

***\*Please note: Non-Sustainable items/events/consumables will not be funded (social events, field trips etc.)***

**Section 1): Grant History**

1 a) Have you ever applied for an OMCAR mini grant before and what were the results?

Be specific:

1 b) Past Grant Amount Received: \$ \_\_\_\_\_

**Section 2): Project Details**

2 a) Grant Request: \$ \_\_\_\_\_

2 b) Please explain, in detail, the project or initiative you are planning and when:

2 c) Please itemize how you will spend this grant money\*:

**\*All monies remain with proposed project. Any monies not used should be applied to like projects.**

2 d) Please describe the curriculum and grade level your project will address (i.e. 6<sup>th</sup> grade math; 4<sup>th</sup> grade reading skills):

2 e) Will this be a one time project or will it be recurring for future students/classes?

2 f) Number of students impacted by this project? \_\_\_\_\_

2 g) If OMCAR is unable to fund your entire request, how will it effect your project?

2 h) Have you currently applied for any additional grants for your project? \_\_\_\_\_ If yes, your grant request \$ \_\_\_\_\_. Have the additional grants been approved? \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Note:**

*Should OMCAR's Community Awareness Committee select you as a Mini Grant recipient, a completed Post Grant evaluation form must be submitted with receipts within 30 days of your completed project. Failure to do so could result in non-consideration of future requests.*

Please email this evaluation form to [Darlene@omcar.com](mailto:Darlene@omcar.com)

You may also mail this form to: **OMCAR- 3105 NE 14<sup>th</sup> Street Ocala, Florida 34470**

Or fax: (352)629-5490