



## SUMMERVILLE HIGH SCHOOL FOUNDATION

### Bear Grant Guidelines and Application

#### Overview & Purpose

Summerville High School Foundation Bear Grants are made to Summerville High departments, faculty, and staff whose proposed projects support the Foundation's mission by enhancing the student experience by providing resources to support the arts, academics and athletics. The Board of Directors created Bear Grants to enhance creativity and innovation in the learning process.

**Examples of activities that meet the foundation's mission include but are not limited to:** a) Capital facilities improvements. b) Instructional or extracurricular equipment, technology supplies. c) Staff and students travel to a conference for training or an extracurricular activity. d) Special events that enrich campus life, such as guest speakers.

**Examples of ineligible requests include but are not limited to:** a) Items that provide only personal, not professional or academic benefit. b) individual scholarships, or gifts \*Staff training or classes which will result in a higher wage category. c) Activities or items that are not related to Summerville High students, faculty, or staff. d) Funding for main-stream education materials, or existing financial obligations or replenishing resources to pay such debt.

**Since future grant funding cannot be guaranteed, applicants should consider requests for one-time funding.** Funds will not be approved for reimbursement of any expenses. Whenever possible we encourage using local vendors.

**Once an applicant receives funding, the monies must be used for the purpose stated in the original grant application. If that need goes away, the funds must be returned to the Foundation.** Funds are NOT transferable to other projects. Materials and equipment, once funded and received, become the property of SUHSD. Therefore, no items should be personalized. Grant applications should be designed to benefit the maximum number of students possible.

**Applications must be reviewed, approved by the Principal, District Superintendent, and School Site Council** prior to submission to SHS Foundation. Once approved by the Foundation, checks will be made payable to SUHSD. When possible, allow at least a month to complete the entire process.

#### **Selection Process:**

**Completed applications are reviewed by the Foundation's Grant Committee. Additional information may be requested from the applicant during the review process.**

#### **The Final Step in the Process:**

Please provide a written or oral report to the members of the Foundation once the project has been completed.

**Timelines:** The Foundation will accept Bear Grant Applications, with proper approval, as mentioned above, throughout the year from July 1, through June 30.

**\*\*PLEASE DO NOT INCLUDE THIS GUIDE PAGE IN YOUR BEAR GRANT APPLICATION PACKET.**

Revised/Adopted: June 30, 2025.

## **BEAR GRANT APPLICATION FORM**

DATE SUBMITTED \_\_\_\_\_ Name of campus organization and/or person applying for grant

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Person applying is: Teacher Staff Administrator Other (circle one)

Grant Proposal Title \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Text: \_\_\_\_\_

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Date Payment Needed \_\_\_\_\_  
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**1. Please describe your idea, program, event or project, including who will benefit.**

**2. What is your plan of action for this project. Please include an estimated time line for completion.**

3. Why should this project be given a Bear Grant? How will you measure its success?

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4. **Project Budget:** [Note: Please list only the costs relevant to this particular project.  
[For personnel costs, list by position and include any other associated personnel costs.]

5. List the name(s) of vendors you plan to use:

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Equipment Needed:	Quantity	Total Cost
Unit Price \$ _____	X _____	= \$ _____
_____	X _____	= \$ _____

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Supply/Materials Cost	Quantity	Total Cost
Unit Price \$ _____	X _____	= \$ _____
\$ _____	X _____	= \$ _____

Mileage Calculations \_\_\_\_\_

	Sales Tax \$ _____
	Shipping Fees \$ _____
Personnel Needed _____	\$ _____
<b><u>Project Total</u></b>	<b><u>\$ _____</u></b>



Date Signed \_\_\_\_\_ Comments \_\_\_\_\_

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**FOR FOUNDATION USE ONLY:**

Date of grant review: \_\_\_\_\_ Action Taken \_\_\_\_\_

Date of notification of action to grantee \_\_\_\_\_