# **Loudoun Soil & Water Conservation District**

# **2025-26 MINI GRANT PROGRAM APPLICATION FORM**

# This form is posted on the District’s website: **loudounsoilandwater.com/education/teacher-mini-grants**

Please attach more sheets if you need to provide more information.

## **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audience: Who will participate?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Project Description** (clearly state goals and objectives in 100 words or less) |
|  |

|  |
| --- |
| **Project Activities:** Describe how, where and what activities you will do with your students. |
|  |

**Educational Objectives:** What do you want your students to learn? If applicable, list Standards of Learning (SOL#).

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**Partners:** Who is cooperating with the project (names, affiliation and role)?

**Expected Results**: What will happen as a result of the project?

**Publicity**: Explain how project results will be shared with other students &/or schools.

**Time Line**: List important activity starting and ending dates.

**Continuing Education**: Describe plans for continuing project activities beyond the grant period.

**Budget**: Please itemize your anticipated costs in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Expenditure Description | Amount Requested from LSWCD | Other Sources of Contributions: | Source |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
| TOTALS: | $ | $ |  |

Send to : Loudoun SWCD, Attn: Jessie Freeland, 30 Catoctin Circle, SE, Suite 218, Leesburg, VA 20175 or email: [**jessie.freeland@lswcd.org**](mailto:jessie.freeland@lswcd.org)