

# GRANT APPLICATION



## General Information:

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

Address of School *(include city, state & zip)*: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number of School: (      ) \_\_\_\_\_

Project Leader: LPSNRD's Outdoor Classroom program requires the designation of an environmental educator coordinator certified in Project Wet, Wild, Project Learning Tree (PLT) or the Leopold Education Project (LEP). Please circle program certified in and provide name.

	Wet	Wild	PLT	LEP
Name: _____				<i>(Please Print)</i>

Funding Request: Total amount of project \$ \_\_\_\_\_

Total amount requested from NRD \$ \_\_\_\_\_

*Before completing this application, please review the enclosed packet of information regarding the guidelines and cost-share the District offers for the Outdoor Classroom Program.*

## Project Description:

Is this request for the creation of a new outdoor classroom area? \_\_\_\_\_ Yes \_\_\_\_\_ No

If this request is for the enhancement of / or addition to an existing outdoor classroom, have you received NRD funding in the past for this area? \_\_\_\_\_ Yes \_\_\_\_\_ No

Project purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific learning goals and objectives for all grade levels involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current and anticipated community involvement and support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher training opportunities for proposed area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Measuring, monitoring and evaluation of project: \_\_\_\_\_  
\_\_\_\_\_

Future sustainability / maintenance plan: \_\_\_\_\_  
\_\_\_\_\_

Project timeline: (start and completion time frame) \_\_\_\_\_  
\_\_\_\_\_

**Attachments:**

Please attach the following documents to this application:

1. Site plan: include location on school grounds, location and identification of plant species
2. Species list
3. Timeline
4. Itemized budget: include expenditures, in-kind contributions (volunteer labor, amount of plants donated, etc.) and other funds received (PTO funding, fundraising by students, other grants, etc.)

**Signatures:**

Project Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to: Lower Platte South NRD  
Attn: McKenzie Barry, Education Specialist  
P.O. Box #83581  
Lincoln, NE 68501-3581  
Phone: (402) 476-2729; Fax: (402) 476-6454