



Colquitt EMC Bright Ideas Grant Application



1. Do not include the name of your county, school, teacher names or school mascots in parts 2, 3, or 4.
2. You must use the Bright Ideas Grant Application.
3. Do not attach any supplementary materials.
4. Teachers may only submit one grant application per year.
5. Grants will be awarded to certified school teachers instructing students in grades K-12 in the Colquitt EMC service counties. Winners will be greeted in their classroom by the Bright Ideas Prize Team.
6. Applicants agree that their name, photo and project may be used in print, broadcast and other forms of media in publications of Colquitt Electric Membership Corporation.
7. Applications can be turned in at any of the Colquitt EMC offices. Applications can be faxed to 229-386-0170 or mailed to Attn: Bright Ideas, Colquitt EMC, PO Box 244, Tifton, GA, 31793. Applications can also be emailed to jonifox@colquittemc.com. Please call Joni Fox at 229-386-2278 with any questions concerning the Bright Ideas Program.
8. Application deadline is **June 1, 2017**.

Part 1 of 4 – Applicant Information

Last Name _____ First Name _____

Title of Project _____

School Name _____

School Mailing Address _____

School Physical Address _____

City _____ State _____ Zip Code _____

School Phone Number _____

Applicant's Phone Number _____

Applicant's E-Mail Address _____

Applicant Agreement: I am a certified teacher in a certified Georgia K-12 school in the Colquitt EMC service counties. I have the support of the school principal. This is the only application I have submitted. I will use this grant, if awarded, for students in grades K-12. I agree, if I win, to submit a report about the grant's outcome. I also agree that my name, photo and information about the grant may be used in publications and publicity of Colquitt Electric Membership Corporation without compensation to me or my team members. Applicants will be considered to agree with these terms with a submitted application.

Part 2 of 4 – Project Overview

Title of Grant Project _____

Curriculum areas that grant will address _____

Number of students project will benefit _____ Grade levels impacted _____

Does project involve teamwork? Yes No If so, how many team members? _____

Part 3 of 4 - Project Description

Please do not include the name of your school, school mascot, county, or any other identifying information.

Please give a brief description of the project.

What makes this project innovative and/or creative?

Part 3 of 4 – Project Description (continued)

How will this project benefit students?

Please explain how you will implement this project. If you will be assisted by others, include what others will be doing. However do not include names of people. For example, instead of “Mrs. Smith and Mr. Roberts will”; “other 4th grade teachers will.”

Part 4 of 4 – Budget - Maximum Grant is \$1,000

Mandatory Items - Items you must have to do this grant.			
Item Description	Quantity	Unit Cost	Total Cost
Amount you must have to implement grant			

Other Items - Items you would like to do this project.			
Item Description	Quantity	Unit Cost	Total Cost
Total of other items			
Total amount (should be the total of minimum needed and other items)			