



THE VIRGIN ISLANDS  
DEPARTMENT OF EDUCATION



Office of the Commissioner

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# MINI GRANT REQUEST FORM

Please email completed form by March 16, 2017.

Office of Special Funding ○ [karen.turnbull@vide.vi](mailto:karen.turnbull@vide.vi)

340-774-0100 Extension 8090

The Office of Special Funding, Office of the Commissioner, is offering mini-grants in the amount of \$500 to public school teachers in the United States Virgin Islands Department of Education. The mini grants given to public schools are for projects that foster creative expression, working together and interaction with a diverse community. The grants will give educators whose efforts are often inadequately funded or recognized an opportunity to design and implement a great program.

**School/Activity Center:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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

**PROJECT FOCUS:**

**PROJECTED START DATE:**

**PROJECTED END DAY:**

**NUMBER OF STUDENTS:**

**EDUCATIONAL NEED**

*(Describe how the project addresses a compelling and well-defined need):*

**STUDENT IMPACT**

*(Describe the impact that the project will have on students):*



**STATEMENT OF UNDERSTANDING**

*I understand that the awarding of all grant amounts shall be the sole discretion of the Commissioner of Education, United States Virgin Islands Department of Education. The Office of the Commissioner has the right to disseminate information and materials developed as a result of the project. Grant funds must be used for developing and implementing the project proposed in this application, unless a request to use funds otherwise is submitted to and approved by the Commissioner of Education.*

*If I receive equipment or materials through the grant, I acknowledge that if I leave the school, the equipment or materials will remain at the school and can be assigned to another teacher. I understand that the grant amounts can only be accessed by way of invoices from the vendors. Whereas the Office the Special Funding will process the invoices.*

\_\_\_\_\_  
**Signature – Contact:**

\_\_\_\_\_  
**Principal/Supervisor**

**Submittal Date:** \_\_\_\_\_

OFFICE OF SPECIAL FUNDING ONLY		
<b>APPROVED</b>	<b>DISAPPROVED</b>	<b>DATE</b>

\_\_\_\_\_  
Sharon Ann McCollum, Ph.D.  
Commissioner

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Sharon Ann McCollum, Ph.D.  
Commissioner

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