

Grant Writer: <u>Elizabeth Edwards</u>		<b>Grant Summary Sheet</b>  Submit completed form to: Cammy Hoffman Assistant Deputy Treasurer  Submit prior to application deadline  Phone: 346-8748
Grant Manager: <u>Elizabeth Edwards</u>		
School/Department: <u>PCS Food Service Dept.</u>	Phone: <u>x 8728</u> Fax:	
Email: <u>edwardsel@franklinschools.org</u>		

GRANT DESCRIPTION		
Funding Agency: <u>School Nutrition Foundation</u>	Funding Source: <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Other:	Grant type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation
Funding Agency Website: <u>schoolnutrition.org/snf</u>	Indirect Cost: \$	
Project Title: <u>LAC Scholarship</u>		

App. Deadline: <u>1-16-26</u>	Award Date: <u>12-9-25</u>	Project Start Date: <u>March 8, 2026</u>	Project End Date: <u>March 10, 2026</u>
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Project Targets: (Check all that apply) <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Writing <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Art <input type="checkbox"/> Technology <input checked="" type="checkbox"/> Other (List Below) <u>Food Service</u>	Check all pertinent budget items included in project: <input type="checkbox"/> Salaries (i.e. Stipends, substitutes, etc.) <input type="checkbox"/> Additional staff List: <input type="checkbox"/> Benefits (Must be included with salaries) <input type="checkbox"/> Consultants <input type="checkbox"/> Purchase/Maintenance Agreements <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Materials/Supplies <input type="checkbox"/> Technology - Computers/Software <input type="checkbox"/> Transportation (Student) <input type="checkbox"/> Equipment/Furniture <input type="checkbox"/> Facilities	Amount of Funding Requested: <u>n/a... grant is reimbursed \$ for total costs, travel, lodging, registration, meals up to \$1400</u>  Required Signatures: <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Other (List Below)  <input type="checkbox"/> Matching Funds/In-Kind Cont. (List below) <u>n/a</u>
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Identify any District obligations after funding ends: <u>none</u>
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Summarize the overall purpose of the grant and indicate how this grant will support your school improvement plan and/or District Strategic Plan  <u>The purpose of this grant is to defray the costs associated with attending Legislative Action Conference.</u>  <u>I will have the opportunity to Meet personally with lawmakers to discuss the policies directly affecting school nutrition, advocate for our profession, and see the legislative process firsthand.</u>
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The information provided accurately represents the intended project: <u>Elizabeth Edwards</u> <u>12-10-25</u> Grant Writer/Manager Date	Approved: _____ Principal or Administrator Date
Reviewed by: _____ Business Office Date	Approved: <u>[Signature]</u> <u>12-11-25</u> Superintendent Date