



FOR INTERNAL USE: TEACHER _____
DATE FUNDED _____ PAID _____ CK # _____
Application # _____

Mini-Grant Application Form for Teachers & School Staff

DATE Submitted _____

Your Name _____ Phone number _____ School _____ Email _____

Additional Applicant Names (if applicable) _____

Guidelines:

- 1. ALL APPLICATIONS SHOULD BE TYPED (but we will accept neatly handwritten forms).** An electronic version of this form is available in Microsoft Word & PDF format at www.HASDFoundation.com under WHAT WE FUND. We do not fund items for booster clubs/ PTAs or technology.
- The Huntingdon Area School District Educational Foundation (HASDEF) will consider applications that further the education and enhanced learning experiences of students within the school district. Typically, funding will be considered for projects that cannot or would not be normally funded by the school district due to budget constraints. Continuing education courses for teachers and staff may be considered as long as this education would not be normally be funded by the school district and the course information gathered pertains to a specific learning program or objective.
- Submissions will be reviewed at any regular meeting of the HASDEF, but can be voted on via email if needed.
Generally, the Foundation meets the last Wed of each month except for July, Aug and Dec.
- EMAIL COMPLETED APPLICATION TO: Janet Chambers, jbchambers101@gmail.com**
Or Fax a signed version to: Janet Chambers at 1-877-512-4808.

Questions? Call Janet Chambers at 814-643-3385 (office/home) or Robin Binder Heath at 814-506-8124.

MINI-GRANT PROJECT INFORMATION

- 1. Title of Grant:** _____
- 2. Type of Grant requested:** __ Educational for Students __ Professional Development Other: _____
- 3. Amount requested (not to exceed \$500) :** \$ _____
- 5. Project Description/Summary – Benefits of your project/activity:** _____

- 6. Location:** Where will your project be conducted? _____
- 7. When** will the project/activity take place? (Dates if applicable) _____
- 8. Participants:** How many participants do you expect? _____ From what school(s)? _____
- 9. FUNDING – Is any other group funding this project? If so describe:** _____
- 10.** Please list here, or attach a detailed explanation, of how grant monies will be spent. Be sure to address costs for Supplies, equipment:

11. **Payment Information once approved:** Payments for grants must be made to a recognized group or business. Where possible, we would like to pay your vendor directly. If needed, you can make your purchase through the HASD – make sure to put “HASDEF Mini-Grant FUNDED” on the purchase order so that the district can submit an invoice to the Foundation.

I need a ____ HASD Purchase Order or a check made out to _____.

AUTHORIZATIONS AND SIGNATURES

THIS MINI-GRANT APPLICATION MUST BE APPROVED BY YOUR SCHOOL PRINCIPAL

1) Fill out application, get signature of your school principal or administrator, scan the form and email it to jbchambers101@gmail.com or fax it to Janet Chambers at 1-877-512-4808.

2) OR, after you email the un-signed form, you can drop off the signed form at the HASD main office – give it to Janet Shaffer and she will put it in our mail drawer

Approved by: SCHOOL _____

Signature _____ Print Name _____

NOTE: All Grants that include funding for equipment

The Huntingdon Area School District Educational Foundation will only fund equipment for which there is a demonstrated need and which plays an integral part of a grant request. Any equipment funded by a HASDEF grant becomes the property of the organization it is intended to benefit (i.e. schools, library, etc.)