

HTEF Grant Application

Information can be typed into this document, saved, and printed out once completed.

Applicant and Grant Information

Name	
School	
Position/Title	
Email Address	
Title of Project/Activity	
Amount Requested	

Part A: Description

Goals & Objectives: Provide a summary of your proposal. Please include the goals and objectives of this project, activity, or initiative.

Target Population: Identify the number of students being served by this project, activity, or initiative. You may include grade levels, a description of student population, etc.

Timetable for Implementation: Provide a brief timeline for the project, activity, or initiative, including beginning and ending dates.

Project Coordinator Checklist

Please enter your initials to indicate that you accept the following requirements

Checklist Items	Initials
The grant applicant has contacted relevant personnel to ensure that the materials/equipment requested are not available within the district.	
All materials purchased with grant funds are property of the Haddon Township School District.	
The grant applicant will submit receipts for expenditures within thirty (30) school days of project completion.	
If the project comes in under budget, all unused funds will be returned to the HTEF within thirty (30) days of project completion.	

Signatures and Date Submitted

This form must be printed, and hand signatures must be obtained. Applicants are to sign the form and give the application to their building principal.

Building Principals – If the application is accepted, please sign and forward to the Superintendent.

Name	Signature	Date
Grant Applicant		
Principal		
Superintendent		

Thank you for completing this application form. All applicants will be notified via email of the result of their application.

If you have any questions, please email us (htedfoundation@gmail.com).

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HTEF Use ONLY

Name	Signature	Date
Received by		
Reviewed by		
Grant Awarded by		
Grant Denied by		
Applicant Notified by		