|  |  |
| --- | --- |
| HTEF Grant Application – Spring 2020Information 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 |  |

## 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.

|  |
| --- |
|  |

### Evaluation: Describe how you will determine the success of the project, activity, or initiative using measurable or evidence-based terms.

|  |
| --- |
|  |

### Impact: Describe how the project, activity, or initiative

### enhances the curriculum and/or supports the Standards.

### promotes student engagement, teaching innovation, and/or teacher collaboration.

|  |
| --- |
|  |

### Please provide any other relevant information about your proposal.

|  |
| --- |
|  |

## Budget: Use the chart below to provide a detailed budget (include the materials needed for the project). Please ensure that you have researched the equipment/materials available in the district before requesting them in your application.

|  |  |
| --- | --- |
| Item Description | Cost for Item(s) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 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 – sign and give the application to 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. Please include “Grant Application” in the subject line.

HTEF Use ONLY

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