| HTEF Grant ApplicationMake a copy of this document in order to edit. Then, information should be typed into this document and shared with the building principal. |  |
| --- | --- |

## 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.

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### 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.

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

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

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### 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.

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

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| --- |

## Budget: Use the chart below to provide a detailed budget that includes the materials needed for the project. Please ensure that you have researched the equipment/materials available in the district as well as district approved vendors before requesting them in your application. Confirm S&H or add 15% to cover the cost.

| Item Description | Cost for Item(s) |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Shipping & Handling (if unknown, add 15%)  |  |
| TOTAL |  |

## 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 can be submitted digitally using the Google Doc “Share” feature.

### Applicants – E-sign and share the Google Doc application with your building principal.

Building Principals – if the application is accepted, please e-sign and share with 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 |  |  |