

HANOVER TOWNSHIP EDUCATION FOUNDATION (HTEF)

GRANT APPLICATION

Please complete this application in full, including all supporting documentation.
Submit finalized documents to: HTEFoundationforkids@gmail.com

Section 1: Grant Overview

Provide basic contact details and school administrative information below.

Grant Title	<i>Click here to type the title of your project...</i>
Applicant Name(s) & Title(s)	<i>Enter full name(s) and current professional roles...</i>
Email Address	<i>username@hanovertwpschools.orgkubs=====</i>
Phone Number	<i>(555) 555-5555</i>
School Name	SCHOOL SELECTION ▾
Grade Level(s) & Number of Students Impacted	<i>e.g., Grade 3 / 75 students total</i>
Department / Subject Area	<i>e.g., Science, Special Education, Fine Arts...</i>

Section 2: Project Details

Select your project type and provide a comprehensive narrative of your classroom proposal.

Focus Area (Primary): *(select one from the dropdown menu)*

SELECT ONE ▾

Primary Content Area: *(select one from the dropdown menu)*

SELECT ONE ▾

Brief Description of Project	<i>Provide a clear, 2–3 sentence summary highlighting the core focus of your initiative.</i>
Statement of Need	<i>What specific instructional, classroom, or educational need does this grant address? Provide supporting background details if available.</i>
Goals & Objectives	<i>What are the primary, measurable goals of this project? What do you hope to achieve?</i>
Expected Impact	<i>How will this directly benefit students, enhance engagement, and improve learning outcomes?</i>
Curriculum Enhancement	<i>In what specific ways does this project support, enhance, or tie into the current district curriculum?</i>
Curriculum Requirements	<p>Does this project require any formal changes or new enhancements to the approved curriculum?</p> <p>Choose Yes or No ▾</p> <p><i>If yes, explain how this will be coordinated and managed:</i></p>

Section 3: Budget Details

Itemize all requested funding. Please ensure estimates are as precise as possible.

Total Amount Requested: \$ _____

Itemized Description (List each item clearly)	Quantity	Unit Cost	Total Cost
e.g., Flexible Seating Cushions (Blue)	10	\$25.00	\$250.00

Sustainability & Alternate Funding Sources

Ongoing Costs	If this grant requires recurring or on-going maintenance/subscription costs, explain how they will be funded in future years:
Allocated Sources	Are funds being allocated from other separate sources for this specific project? <input type="button" value="Choose Yes or No"/> If Yes, please provide specific details:
PTA Coordination	Did you seek funding from your school's PTA prior to this application? <input type="button" value="Choose Yes or No"/> What was their response?
Principal Coordination	Did you seek direct funding from your school principal's budget? <input type="button" value="Choose Yes or No"/> What was their response?

Section 4: Signatures & Administrative Review

To optimize online workflows, administrators can use Google Docs Approvals, add electronic check-offs, or type text verification.

1. Applicant Verification

I have completed the application in full and verified all documentation prior to submission.

Applicant Digital Signature: _____ Date: *[Insert Date Picker]*

2. School Principal Review

By checking approval, the principal acknowledges they can operationally sustain this grant if approved.

Principal Review Status: **Not started** ▾

Principal Comments / Considerations for the Trustees:

Principal Digital Signature: _____ Date: *[Insert Date Picker]*

3. Assistant Superintendent (Curriculum, Instruction & Assessment)

Review Status: **Not started** ▾

Assistant Superintendent Comments / Considerations for the Trustees:

Assistant Superintendent Digital Signature: _____ Date: *[Insert Date Picker]*

4. Technology Manager Review (Required ONLY if project includes technology purchases)

IT Review Status: **Not Started** ▾

IT Manager Comments / Infrastructure Considerations:

1. Applicant Verification

Technology Manager Digital Signature: _____ **Date:** *[Insert Date Picker]*