

Hastings Education Foundation Grant Application: 2020-2021 Academic Year

Please attach your responses to this form and return to your Principal's office by 3 pm on Friday, February 14, 2020. No application can be accepted after this deadline.

Your name:	Phone:
Email:	School:
Name of project:	# of students participating:
Content area of project:	Grade level of students:
Is this a NEW or REPEAT grant request?	Start date:
Budget -- include TOTAL amount requested:	<p>Has this grant also been submitted to the PTSA this year? ___ yes ___ no</p> <p>Has this grant been submitted to the PTSA in the past? ___ yes ___ no</p> <p>If yes, was it funded? ___ yes ___ no</p>

- Project Description:** Please give a detailed description of your project.
 - Describe the educational objectives and goals.
 - How will it be integrated into or supplement the current curriculum?
 - How many students will be directly participating in the project?
 - Attach additional supporting material, if helpful. (Please attach a short summary in your own words rather than simply website link or lengthy article.)
 - Specify how this project is different from what is already in place and why you believe it to be important in enhancing student achievement and district goals.

Do you anticipate the project will be continued at the end of this grant? If so, how will it be funded?

2. Indicate anticipated start and **completion date** of your project.

3. Describe the **long-term impact** of your project.

4. Provide an **itemized budget** for your project. (HEF cannot fund travel or meals.)

5. List **how and by whom the project will be evaluated**.

Note: Please provide an electronic copy of the application and attachments to Fi Goodman in the Superintendent's office once your principal has approved. If your grant proposal has a technology component or you are requesting equipment, an additional copy of the application should be emailed to Maureen Caraballo in the District business office.

1. **Applicant Signature:**

_____ **Date:** _____

2. **Department Chair or Team Leader Approval:**

_____ **Date:** _____

3. **Principal Approval:**

_____ **Date:** _____

4. **Assistant Superintendent/Superintendent Approval:**

_____ **Date:** _____