



**ST. HELENA**  
**PUBLIC SCHOOLS FOUNDATION**

*Cultivating better schools. Harvesting brighter futures.*

**GRANT APPLICATION FORM**

(Form used by teachers to apply for a Fall or Spring Grant)

PROJECT TITLE: \_\_\_\_\_

☐ MINI    ☐ MAXI    ☐ JONATHAN RUBIN MEMORIAL    ☐ ARTS    ☐ DEL BRITTON MEMORIAL    ☐ TECHNOLOGY

FOR SCHOOL YEAR: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

PROJECTED DATE OF PROJECT: \_\_\_\_\_ NUMBER OF STUDENTS BENEFITING: \_\_\_\_\_

EXPLAIN YOUR PROJECT (Please write or type; attach background information.):

AMOUNT REQUESTED: \_\_\_\_\_ TOTAL PROJECT COST: \_\_\_\_\_

BUDGET BREAKDOWN (Please be as specific as possible including cost breakdown, invoices, brochures, website ads, etc.):

APPLICANT'S NAME: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DEPT. HEAD SIGNATURE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PRINCIPAL'S SIGNATURE: \_\_\_\_\_



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**POINTS OF AGREEMENT FORM**

☐ MINI    ☐ MAXI    ☐ JONATHAN RUBIN MEMORIAL    ☐ ARTS    ☐ DEL BRITTON MEMORIAL    ☐ TECHNOLOGY

TITLE OF GRANT: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

- 1) Funds are available for one year from the date of the application and are no longer available after this expiration.
- 2) Any money issued for this grant, but not spent, must be returned to the Foundation.
- 3) Any change in the grant for which the funds were provided (e.g. performance cancelled, no transportation available) must be communicated to a Foundation member prior to the onset date of the project.
- 4) Upon completion of the grant, an evaluation must be completed and returned to the Foundation. Failure to comply with this requirement will disqualify applicant from receiving future grants.
- 5) Equipment and materials purchased shall remain on the school site and are property of the district.
- 6) Signature is required stating agreement to these terms before any money can be issued.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please complete the above and return with your grant application.**

*For Office Use Only:*

DATE APPROVED: \_\_\_\_\_ AMOUNT APPROVED: \_\_\_\_\_



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**GRANT EVALUATION FORM**

☐ MINI    ☐ MAXI    ☐ JONATHAN RUBIN MEMORIAL    ☐ ARTS    ☐ DEL BRITTON MEMORIAL    ☐ TECHNOLOGY  
☐ FALL    ☐ SPRING    YEAR: \_\_\_\_\_

TITLE OF GRANT: \_\_\_\_\_

GRANT NUMBER: \_\_\_\_\_ AMOUNT GRANTED: \$ \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ AMOUNT REQUESTED: \$ \_\_\_\_\_

COMPLETION DATE OF EVENT/PROJECT: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ SCHOOL/GRADE LEVEL: \_\_\_\_\_

TOTAL COST OF EVENT/PROJECT (include other sources of funding): \_\_\_\_\_

DID YOUR GRANT PROJECT MEET YOUR EXPECTATIONS?

WOULD YOU RECOMMEND THIS PROJECT/ARTIST AGAIN? HOW COULD IT BE IMPROVED?

DO YOU HAVE ANY ADDITIONAL COMMENTS?

**PLEASE INCLUDE (3) ELECTRONIC PHOTOS WITH THIS DOCUMENT**

*Thank you! Your response plays a very important part in maintaining program quality, and in evaluating future grants.*