

# SEAFORD ELEMENTARY SCHOOL PTA

## MINI GRANT REQUIREMENTS

The SES PTA is pleased to invite you to apply for a mini grant for any amount up to \$500.00 for the school year. Awards will be considered during the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarters.

- To be considered for a grant cut off date is May 1st.
- You must be a SES teacher (or group of teachers) and PTA member(s) in good standing.
- Mini-grants should provide wide-range student enrichment.
- Mini-grants are not intended to be used for staff development or related expenses.
- No funding will be granted for food or party activities.
- Mini-grants are meant to provide funds for projects or purchases for which other funding is not available.
- Recipients will implement the project as presented to the PTA, and will inform the board of any changes prior to their occurrence.
- Funds may not be used for projects or expenses outside of what has been approved by the PTA Executive Board.
- Materials purchased using grant funds must stay on school grounds and be used in the way they were intended by information given on this application.
- Recipients will submit all receipts along with a completed PTA Check Request Form to the PTA Treasurer within a timely manner.
- Applicants should be as thorough as possible when writing objectives and explaining the budget. Estimate any sales tax and/or shipping charges or they will NOT be reimbursed. Feel free to attach copies of articles, reviews, catalogs, etc.
- Deadlines will be established after approval of the mini-grant.
- Do not make any commitments or expenditures before you hear from the PTA.
- Application must be signed and approved by current principal for consideration.
- Please submit application in PTA Mailbox to committee chair, currently Stephanie Hoover.
- Applications will then go to the Board of Directors for a vote. The results of the vote will be communicated to the applicants as soon as possible. Possible outcomes are full funding, partial funding, deferred and denied. Votes may be deferred if there are still questions or the PTA budget requires that we wait for additional funding. The committee may add restrictions to the request such as funding individual line items.
- For questions you can email her at [contactSESpta@gmail.com](mailto:contactSESpta@gmail.com).



Seaford Elementary School

**PTA**<sup>®</sup>

*everychild.one voice.®*

SEAFORD ELEMENTARY SCHOOL PTA

# MINI GRANT APPLICATION

|   |                                    |   |                                       |
|---|------------------------------------|---|---------------------------------------|
| Submitting Teacher Name:  |                                    | Grade:  |                                       |
| Contact Email:  | Purchase: <input type="checkbox"/> | Project: <input type="checkbox"/>                           |                                       |
| Name of Purchase or Project:                                    |                                    | # Students grant will benefit:                              |                                       |
| Total Budget:   | \$                                 | Partially Funded: <input type="checkbox"/>                  | Full Funded: <input type="checkbox"/> |
| Submitting Receipts For Reimbursement: <input type="checkbox"/> |                                    | Need Check Cut Directly To Vendor: <input type="checkbox"/> |                                       |

Explain Purpose + Goal:

---



---



---

List Curriculum Area(s) Supported:

Timetable of project:

---



---

Staffing & Volunteers Needs:

---

List Each Specific Item Needed for Purchase or Project, the Quantity, and Cost for Each Item:

|   |   |    |    |   |    |
|---|---|----|----|---|----|
| 1 | X | \$ | 6  | X | \$ |
| 2 | X | \$ | 7  | X | \$ |
| 3 | X | \$ | 8  | X | \$ |
| 4 | X | \$ | 9  | X | \$ |
| 5 | X | \$ | 10 | X | \$ |

We agree to fulfill the responsibilities outlined in this proposal and any supplemental related materials.

|                         |       |
|-------------------------|-------|
| APPLICANT SIGNATURE:    | DATE: |
| CO-APPLICANT SIGNATURE: | DATE: |
| PRINCIPAL SIGNATURE:    | DATE: |

|                        |                                    |                                  |
|------------------------|------------------------------------|----------------------------------|
| OFFICIAL PTA USE:      | APPROVED: <input type="checkbox"/> | DENIED: <input type="checkbox"/> |
| IF DENIED WHY:         |                                    |                                  |
| PRESIDENT'S SIGNATURE: | DATE:                              |                                  |