**2024 – 25 GRANT APPLICATION**

Instructions

* Applicant: Complete, print and sign the application.
* Applicant: Submit completed application to building principal for review and signature.
* Applicant/Principal: Obtain the required supplemental signatures, as appropriate.
  + If the project requires any technology, or technology support, secure signature from the Chief Information Officer/Technology Coordinator
  + If the project will alter facilities in any way, secure signature from the Director of Facilities.
* Principal: Share grant application with PTSA school VPs at PAC meeting for feedback.
* Applicant/Principal: Secure signature from Assistant Superintendent for Instruction and Human Resources.
* Applicant: Scan and email completed grant application (with required signatures) to [ptsagrants@irvingtonnyptsa.org](mailto:ptsagrants@irvingtonnyptsa.org) according to the [monthly grant submission deadlines](https://drive.google.com/file/d/1OK8yoAezD0jkRz8ssXQYGVVLOX7jBYly/view?usp=sharing).

|  |  |
| --- | --- |
| **GENERAL INFORMATION** | |
| **Applicant** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Name of Project** | Click or tap here to enter text. |
| **Implementation Date** | Click or tap here to enter text. |
| **Completion Date** | Click or tap here to enter text. |
| **School** | Dows Lane  MSS  IMS  IHS |
| **Grade** | Click or tap here to enter text. |
| **Number of Students** | Click or tap here to enter text. |
| **Amount of Grant Funding Requested** | Click or tap here to enter text. |
| **Alternate Funding (List sources and amounts)** | Click or tap here to enter text. |
| **Has the PTSA funded this grant before?** | **Yes (Please indicate for how many years: \_\_\_\_)**  **No** |
| **If the PTSA previously funded, please indicate whether the scope of the project or funding requested has changed.** | Click or tap here to enter text. |
| **BOCES Eligibility** | **Yes (Pease provide details)**  **No** |
| **[For Field Trips] Have parents/guardians been asked to contribute funds to cover a portion of the cost?** |  |
| **PROJECT DETAILS** | |
| **Describe your project. Please be specific, including how students will benefit from the activity** | |
| Click or tap here to enter text. | |
| **Does the proposed project build on existing programs or is it a new program/field trip/event/club?** | |
| Click or tap here to enter text. | |
| Please include how this project incorporates the curriculum and/or is linked to state and/or national standards. | |
| Click or tap here to enter text. | |
| State the specific classroom/school/district needs your project addresses. | |
| Click or tap here to enter text. | |
| How you will measure whether or not this project has been successful | |
| Click or tap here to enter text. | |
| If the project is successful and you would like to continue it in the future, how will it be funded? The PTSA aims to fund programs that will be incorporated into the school/district budget. | |
| Click or tap here to enter text. | |
| Indicate methods you will use to publicize your project. (The PTSA asks to be included in publications regarding PTSA funded grants) | |
| Click or tap here to enter text. | |
| Please detail whether this grant requires the use of technology. | |
| Click or tap here to enter text. | |
| BUDGET | |

Please provide below (or on a separate attachment) an itemized budget including services, supplies, materials, equipment, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Item | Quantity | Unit Cost | Total Cost |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| Click or tap here to enter text. | Amount | Amount | $0.00 |
| TOTAL GRANT FUNDING REQUESTED FROM PTSA | | | **$0.00** |

**SIGNATURES (\*Required)**

|  |  |  |
| --- | --- | --- |
| Applicant | \* | Date: |
|  |  |  |
| Principal | \* | Date: |
|  |  |  |
| Assistant Superintendent for Instruction & Human Resources |  | Date: |

**SUPPLEMENTAL SIGNATURES**

If the project requires any technology, or technology support, it must be approved by the Chief Information Officer/Technology Coordinator:

|  |  |  |
| --- | --- | --- |
| CIO/Technology Coordinator | \* | Date: |

If the project will alter facilities in any manner, it must be approved by the Director of Facilities:

|  |  |  |
| --- | --- | --- |
| Director of Facilities | \* | Date: |