



## MINI-GRANT APPLICATION

School Year \_\_\_\_\_ / \_\_\_\_\_

The Mountain Road Elementary School PTA is proud to offer staff the opportunity to receive funding for projects or purchases that will benefit the student population, in the form of mini-grants. If you are interested in applying for funding, please follow the instructions listed below.

### **Instructions:**

- Fill out the form below in its entirety
- Include any supporting documentation
- Make sure requested items are available for purchase (no backorders allowed)
- Have Dr. Bleisath review and sign your completed application
- Return the completed application to mountainroadpta@gmail.com OR to the PTA mailbox

### **Process:**

The PTA Board of Directors will review all mini-grant applications in the order in which they are received and each mini-grant shall stand on its own merit. The PTA Board will vote to either approve or deny the request and present their decision to the applicant via email. No funding will be granted for food or parties.

### **Deadline:**

The application deadline for all mini-grants is **February 1, for the current school year**. Applications received after this deadline will be automatically denied. Applications can be turned in any time before the deadline but no applications will be considered after the deadline has passed.

### **Application Information:**

Name(s) of all Applicant(s): \_\_\_\_\_

Are all Applicants current PTA Members in good standing: Y N

Main Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship of applicant(s) to MRES (ie: grade-level teaching, specialist, support staff, etc):  
\_\_\_\_\_

### **Mini-Grant Request Information:**

Total Amount Requested: \$ \_\_\_\_\_

Approximate number of MRES students this purchase/project will benefit: \_\_\_\_\_

Grade Level(s) this purchase/project will benefit: \_\_\_\_\_

Curriculum Area(s) Supported: \_\_\_\_\_

Would you consider partial funding of this project/purchase? Y N  
Have you attempted/explored other funding options for this project/purchase? Y N  
If yes, what other potential funding sources have you explored and/or considered and what were the results? \_\_\_\_\_  
\_\_\_\_\_

Provide a summary describing the goals of this project/purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline the proposed budget for this project/purchase (be specific, list out expenses separately):  
\_\_\_\_\_  
\_\_\_\_\_

Will this project continue after the initial min-grant funding? Y N  
If yes, please note frequency after initial funding (ie: annually, monthly, weekly, etc.) and how you intend to fund the project into the future: \_\_\_\_\_  
\_\_\_\_\_

**Mini-Grant recipient(s) agree to the following:**

- Recipient(s) will implement the project as presented to the PTA
- Recipient(s) will inform the PTA Board of any changes prior to their occurrence
- Recipient(s) agrees funds will not be used for anything outside the scope of what has been approved
- Recipient(s) will submit completed Check Request Form with all receipts to the PTA Treasurer within 14 days of expense accrual
- Recipient(s) will communicate the results of the project/purchase to the PTA upon completion

I/We have read the information above and agree to fulfill the responsibilities outlined in this proposal.

Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or Return to Mountain Road ES:  
PTA Board of Directors  
615 Mountain Road  
Woodstock, GA 30188  
mountainroadpta@gmail.com

<b><u>PTA USE ONLY:</u></b>	Date Received: _____
Date of Decision: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
If Denied, why: _____ _____ _____	
Board Member Signature: _____	