



ST. HELENA
PUBLIC SCHOOLS FOUNDATION & ENDOWMENT TRUST

Cultivating Better Schools. Harvesting Brighter Futures.™

ANNUAL GRANT APPLICATION FORM

(Form used by teachers to apply for an Annual Grant)

PROJECT TITLE: _____

MINI MAXI JONATHAN RUBIN MEMORIAL ARTS DELBRITTON 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 NAME: _____ SIGNATURE: _____

SCHOOL: _____ GRADE LEVEL: _____

PRIMARY PHONE: _____ EMAIL: _____

PRINCIPAL SIGNATURE: _____ SHUSD SIGNATURE: _____



ST. HELENA
PUBLIC SCHOOLS FOUNDATION & ENDOWMENT TRUST

Cultivating Better Schools. Harvesting Brighter Futures.™

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 app and are no longer available after this expiration date.
- 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 school district.
- 6) Applicant's 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: _____



ST. HELENA
PUBLIC SCHOOLS FOUNDATION & ENDOWMENT TRUST

Cultivating Better Schools. Harvesting Brighter Futures.™

ANNUAL GRANT EVALUATION FORM

TODAY'S DATE: _____

MINI MAXI JONATHAN RUBIN MEMORIAL ARTS DELBRITTON MEMORIAL TECHNOLOGY

SCHOOL YEAR: _____

TITLE OF GRANT: _____ GRANT NUMBER: _____

RECIPIENT: _____ SCHOOL/GRADE LEVEL: _____

AMOUNT REQUESTED: \$ _____ AMOUNT GRANTED: \$ _____

TOTAL COST OF EVENT/PROJECT: \$ _____ COMPLETION DATE OF EVENT/PROJECT: _____
(include other sources of funding)

Please select three (3) electronic photos that are most representative of your grant project and email them to hello@shpsf.org. They might be published in our informational materials.

DID YOUR GRANT PROJECT MEET YOUR EXPECTATIONS?

WOULD YOU RECOMMEND THIS PROJECT/PRESENTATION AGAIN?

DO YOU HAVE SUGGESTIONS ABOUT HOW THE PROJECT OR PRESENTATION MIGHT BE IMPROVED?

DO YOU HAVE ANY ADDITIONAL COMMENTS?

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