Sequoia PTSA Mini-Grant Application

Please note: Some questions on this application may not pertain to your request. If that is the case, simpl answer 'No' or 'N/A' in the blank space provided.

Please email the Mini-Grant committee at sequoiaminigrants@gmail.com with questions.

1. Email *

2. Date submitted: *

3. Project title: *

4. Your name: *

5. Your phone number: *

6. Are you a current SHS PTSA member? *

Annual SHS PTSA membership follows the academic year. You can find a current list of members at [www.sequoiaptsa.org](#) page_id=10

- ( ) Yes -- Join here: http://www.sequoiaptsa.org/
- ( ) If the $20 annual membership dues would be a financial burden, click here.

7. What is the name of your department, program, group or club? *

_____

8. My role at SHS is: *

- ( ) Student
- ( ) Faculty, Staff or Administrator

For student groups or clubs

9. Who is your faculty advisor? *

_____

10. Provide an e-mail address for your faculty advisor. *

_____

11. Has your faculty advisor reviewed and approved your grant proposal?

○ Yes

○ No

Grant Information

12. Grant Description: *

Provide a brief description of your grant request.

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13. Grant Rationale: *

If awarded, how will your grant benefit SHS students, staff and/or community. Include specific objectives, and give detai
about how this grant will support the curriculum or further the goals of your club/community/program activities.

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14. How many people will benefit from your grant request? *

_____

15. Will this grant benefit SHS in future years? If yes, how? *

16. Grant amount requested (up to $750): *

    Provide an itemized budget with all known expenses listed. Include tax/shipping, if applicable.

17. Will this grant cover all of your expenses? *

    ◯ Yes

    ◯ No

18. If this grant will NOT cover all of your expenses, what is your overall budget? How will you ge
    the additional funds needed (i.e. parents, department funds, alumni funds, SHSEF, personal
    funds, other grants, etc)? If you have identified other sources, are they confirmed? *

19. Have you submitted this (or a similar) grant request to any other organization this year? If so, what organization(s)? And, if so, has it been approved? *

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20. If we are not able to approve your entire request, would partial funding still be useful? If so, what is your minimum amount needed? *

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21. Have you received a PTSA grant for this (or a similar) request in past years? If so, when did th occur? *

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22. Is this grant for a recurring expense, activity or event? If so, how will it be funded in future years? *

23. Are other individuals from your department, program, group or club submitting the same (or similar) grant request to the PTSA this year? If so, will these multiple requests benefit the sar group of students or community members? *

For grant requests to fund technology or equipment

24. How do you plan to safeguard the equipment?

25. How do you plan to handle repair, maintenance and fund future consumables?

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26. Is similar technology or equipment currently available at the school?

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Final Information

27. Digital Photo Media Release: I give permission to the PTSA, SHSEF and SHS to use and/or publish my name, photo, and/or work in SUHSD publications which may include, but are not limited to, print, electronic, web, and video formats. *

Permission is strongly encouraged. An Impact Statement, which includes photos, is required if the grant request is approved.

( ) Yes

( ) No

28. If your grant request is approved, you will be required to complete an Impact Statement after you have used your granted funds. Do you agree to complete this statement before the due date? *

Failure to complete this statement may result in denial of future grant requests.

○ Yes

○ No