



GHSF Mini Grant Request Form

Grand Haven Schools Foundation (GHSF) is pleased to offer annual mini grants, of up to \$500, to the Grand Haven Area Public Schools teachers and staff. This form should be used to make a grant request. Each request will be evaluated based on its alignment with our mission, vision, and values as well as need, impact to the GHAPS community, and availability of funds.

Mission: To support a quality education for students through funding initiatives that help empower learning.

Vision: To support academic readiness, lifetime learning and success for all.

Values: Engage • Educate • Empower

Deadline to submit a request is February 17, 2023. This request form and any supporting documentation should be sent to sbays@ghsf.org. Requests will be reviewed in March and all approved requests will be administered by the Education Service Center. Funds will be distributed mid-April and should be used by June 30th.

Requestor's Name: _____ Email Address: _____
School/Location: _____ Grade Level/Position: _____

Mini Grant Request Title: _____

Amount Requested: _____

If availability of funds is limited, would you accept a grant for less: Yes No

Supports GHSF Value(s): <input type="checkbox"/> To engage (w/ students) <input type="checkbox"/> To educate (academic readiness) <input type="checkbox"/> To empower (lifetime learning)	Impacts GHAPS: <input type="checkbox"/> Students <input type="checkbox"/> Staff No. Students Impacted: <input type="checkbox"/> Less than 10 <input type="checkbox"/> 11 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> Over 100
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Detailed description of request (include information on how funds will be used, impact to GHAPS, metrics of success, cost, etc.):

Additional Comments (please provide any further information you feel helpful for the GHSF Programs/Grant Committee to evaluate this request):

Signature: _____

Date: _____

Thank you! Have further questions? Email Sue Bays, Executive Director of GHSF at sbays@ghsf.org.



For use by GHSF Programs/Grants Committee:

Recommendation

- | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| <input type="checkbox"/> Needs further review | |
| <input type="checkbox"/> Additional information/evaluation needed | <input type="checkbox"/> Speak with Grant Contact |
| <input type="checkbox"/> Research costs/timing of distribution | <input type="checkbox"/> Conduct additional background research |
| <input type="checkbox"/> Request supporting documentation | <input type="checkbox"/> Speak with GHAPS (i.e., Superintendent, Principal, Staff, etc.) |

Comments: _____

Completed by: _____ Date: _____