



## MATERIALS/EQUIPMENT GRANT APPLICATION

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The Pocantico Hills School Foundation ("PHSF") would like to consider applications for grants to faculty, staff, students or parents that support educational programs beyond the scope of the school budget.

Applicant(s): \_\_\_\_\_ Please list individual contact person:  
Position(s): \_\_\_\_\_ Name: \_\_\_\_\_  
Project: \_\_\_\_\_ Phone: \_\_\_\_\_  
Total amount requested: \$ \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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### I. DESCRIPTION OF MATERIALS/EQUIPMENT

Please give a brief description of item(s) and attach any relevant catalog description and pricing information.

### II. OBJECTIVES

Please explain how and why you would use these materials.

**III. IMPACT** - How many students would benefit from this purchase? In which grades and classes?

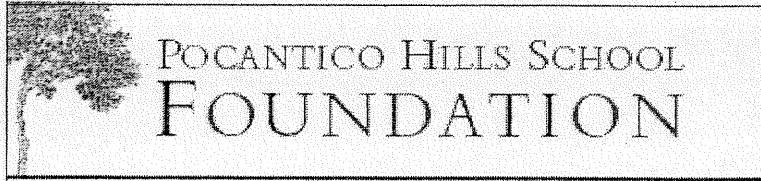
**IV. BUDGET**

1. Cost of Materials/Equipment:

(List items, suppliers, quantities and shipping if applicable)

**TOTAL  
MATERIALS/EQUIPMENT  
COSTS:**

\$ \_\_\_\_\_



2007-2008 **PROGRAM GRANT APPLICATION**

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The Pocantico Hills School Foundation (“PHSF”) would like to consider applications for grants to faculty, staff, students or parents that support educational programs beyond the scope of the school budget.

Applicant(s): \_\_\_\_\_ Please list individual contact person:  
Position(s): \_\_\_\_\_ Name: \_\_\_\_\_  
Program: \_\_\_\_\_ Phone: \_\_\_\_\_  
Total amount requested: \$ \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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**I. PROGRAM DESCRIPTION** - Please give a brief program summary.

**II. PROGRAM OBJECTIVES** – Please list specific objectives of this program

**III. IMPACT** - How many students would benefit from this program? In which classes, grades or school related activity?

**IV. PROGRAM TIMETABLE**

Start date (or date of initial funding): \_\_\_\_\_

Program completion date: \_\_\_\_\_

*Please note that any grant funds not expended by June 30, 2009 will be considered as assets available for future use by The Pocantico Hills School Foundation (PHSF).*

**V. Has this grant proposal been previously submitted in some form to the PTA or the PHSF? If so, when, and what was the outcome?**

**VI. PROGRAM ASSESSMENT**

A program evaluation will be required within the year of your grant award.

1. When should the program be evaluated?
2. How and by whom will the program be evaluated?
3. Will the program be continued at the end of this grant? If so, how will it be funded?

**VII. PROGRAM STAFF**

List persons directly involved in the program:

Name                      Program Responsibilities

**VIII. PROGRAM BUDGET**

1. Cost of Equipment and Supplies

(List items, suppliers, quantities and shipping if applicable)

Total Equipment/Supplies Costs:  
\$ \_\_\_\_\_

2. Cost of Purchased Services

(List by name of service/person, total hours, cost per hour)

Total Purchased Services Costs:  
\$ \_\_\_\_\_

3. Travel Expenses

(List by type of expense)

Total Travel Services Costs:  
\$ \_\_\_\_\_

**TOTAL GRANT REQUEST BUDGET: \$ \_\_\_\_\_**

**IX. ALTERNATIVES**

1. If the PHSF is unable to fund the program as proposed, what will happen to the program?

2. If the PHSF is able to partially fund this program, please suggest what should be the priority for funding?

**ALTERNATIVE GRANT REQUEST BUDGET: \$ \_\_\_\_\_**