



Mailing Address:  
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## Huron City Schools Staff Grant Application

Huron Educational Foundation is pleased to announce its Annual Grant opportunity for all staff members of Huron City School District. The purpose of Huron Educational Foundation is to enhance and support the educational needs of both students and staff of Huron City School District. We serve that purpose by offering grants for projects in our school district that may go beyond the normal required expenditures. All District Staff with programs and projects that provide for a more enriched experience for our students in different areas including academic, health & wellness, technology, arts, and general services are encouraged to apply.

The foundation plans to provide numerous grants up to \$1,000 each school year with varying amounts distributed based on grant request and available funds, which will change each fiscal year based on funds raised by the Huron Educational Foundation. Once grant applications are received, the Huron Educational Foundation Board of Directors will review and select recipients.

### **The following are timelines for 2019 Annual Grants:**

September 15<sup>th</sup> – Grant Applications Due  
October 30<sup>th</sup> – Grants Awarded and Recipients notified

**Please submit the completed two-page application with any supporting materials to:**

**Huron Educational Foundation  
P.O. Box 593  
Huron, Ohio 44839**

**Application is also available on-line at [www.HuronEF.com](http://www.HuronEF.com)**

**Please direct all questions to [Info@HuronEF.com](mailto:Info@HuronEF.com)**

**huronef.com**

**Visit [www.huronef.com](http://www.huronef.com) to begin exploring HEF's new website. You can also connect with HEF on Facebook.**

### **Board of Directors**

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# Huron Educational Foundation

## Grant Application

*Please use additional space/paper as necessary to fully answer each question.*

Name & Position of Applicant: \_\_\_\_\_

Please choose location that grant funds will be applied:

☐ District-Wide ☐ High School ☐ McCormick ☐ Woodlands ☐ Shawnee

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Project/Program: \_\_\_\_\_

Dollar Amount Requested: \$\_\_\_\_\_ Approx. Number of Students Impacted: \_\_\_\_\_

State the major objectives of the project/program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give brief explanation of your project/program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will you implement the project/program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will you evaluate the success of the project/program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If we do not fully fund this project, will it move forward? If so, state of other sources of funding:

\_\_\_\_\_  
\_\_\_\_\_

## Grant Application

Please itemize expenditures needed to complete the project/program. Include information such as types of materials, rental cost, equipment needed, supplier(s), etc. Be as specific as possible. *Huron Educational Foundation will not provide grant funds for any wages or benefits.*

Item	Purpose	Cost

**TOTAL COST**

\$

*I understand that awarding of all grants and the amount of any grant shall be under the discretion of the Huron Educational Foundation Board of Directors. I also understand that in the event that I am awarded a grant for the project/program described within, the Board of Directors shall have every right to supply others with the description of my project/program and to disseminate its underlying concepts and ideas. I also understand that all items purchased with the grant will become the property of the Huron City School District. Funds not used within one year of being distributed, will be forfeited and returned back to the Huron Educational Foundation. A required final evaluation report must be submitted within a year of grant distribution. Any guidelines not adhered may result in being ineligible for any future grants.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*I have reviewed this application and acknowledge it will support a project that will enrich and enhance student learning. If this grant is awarded, it has my permission to be implemented.*

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

# **Grant Application**

Additional Notes