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## Classroom Grant Application

Date: \_\_\_\_\_

Project or Reason for Grant Money: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone \_\_\_\_\_

Your proposal must be no longer than five printed pages and have the following format:

- A. **Overview:** In one hundred words or less, summarize your project.
- B. **Criteria:** Answer all questions under criteria on the attached grant evaluation form.
- C. **Budget:** Present a complete breakdown of the total funding requested and resources used for pricing/costs. (*Include shipping and handling costs*)
  - 1. Income: Indicate if funds are being allocated for this project from other sources, such as PTA, Booster Club, or other public/private grants.
  - 2. Indicate if the project could proceed with partial funding.
  - 3. Grant applications over \$5,000 should identify additional sources of funding and be willing to accept partial funding from the Foundation.
- D. **Support:** Submit at least one letter from an administrator supporting this project. If technology related, the grant must be reviewed by the IT Department. Send IT approval with the grant application. (All technology purchases must be ordered through the IT Department.)

**The Hickman Mills Educational Foundation requires a Hickman Mills Foundation Recipient's Grant Evaluation Form on all funded projects by May of the school year the grant is implemented. This report should evaluate the effectiveness of the project in meeting its goals and detail how the funding was spent.**  
(Grant Evaluation Form attached)

If your grant receives funding from the Foundation, please report any and all changes or revisions in the project (particularly in the budget) to the Foundation. All changes must be approved by the Foundation before being made.

All materials purchased with Foundation grant funds become the property of the Hickman Mills C-1 School District.



**Hickman Mills C-1 School District  
Educational Foundation**

Any funds remaining at the conclusion of your project, will stay in the Foundation's account. Failure to follow any of the specified guidelines will disqualify the recipient for future grant consideration.

Questions? Please call director at 816-316-7000.

I agree to honor the Foundation grant requirements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

**Deadline: March 15 each year**  
*(Please include 5 copies of your grant proposal)*

Send proposal to:

**Hickman Mills Educational Foundation, Inc.**  
**Attn: Director**  
**Administration Center**  
**9000 Old Santa Fe Road**  
**Kansas City, MO 64138**