



HURON VALLEY EDUCATIONAL FOUNDATION

Huron Valley Schools

2007-2008 Mini-Grant Proposal Outline

To apply for a mini-grant, prepare a typewritten proposal using the guidelines below. The proposal does not have to be lengthy, but only those that contain the requested information will be considered for funding. **The completed proposal with the Proposal Cover Sheet attached should be forwarded to:**

Huron Valley Educational Foundation, Inc. (HVEF)
PO Box 568
Milford, MI 48381

Must be postmarked by

September 14, 2007

If you have any questions or need assistance, please call HVEF: (248) 685-0143

1. **PROJECT OVERVIEW**

Begin with a **brief** summary of your proposal.

2. **DETAILED PROJECT DESCRIPTION**

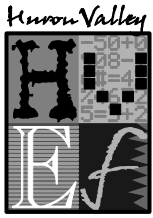
Explain your proposal in further detail by identifying or describing the following information:

- Content area(s) of the Huron Valley Schools curriculum that your project would enhance and why. (Include the curriculum objectives that your project supports.)
- Specific goal(s) for implementing your project as well as the expected outcome(s).
- Describe specific activities you will use to achieve your goals.
- Length or duration of your project. Please provide a timeline.
- An evaluation tool(s) to measure the success of your project.
(As the project director, you may design tests/rubrics, evaluation tools etc.).

3. **BUDGET**

DETAIL your budget request. Information should include materials and equipment needed, potential sources of supply and approximate costs, transportation costs, honorariums, stipends, food, etc.

The mission of the Huron Valley Educational Foundation is to generate and distribute financial resources to facilitate educational enrichment and innovation for the students and teachers of the Huron Valley School District, and to provide an opportunity to strengthen community participation in the Huron Valley Schools.



Educational Foundation

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2007-2008 Mini-Grant Proposal Cover

Applicant's Name

Today's Date

Home Address

Project Title

City/State/Zip

Estimated Length of Project (in weeks/months)

(_____) _____
Work Phone Number

Grade and Number of students directly
involved in/or affected by project

(_____) _____
Home Phone Number

Amount of Grant Request (Not to exceed \$700)

Position/Worksite

Administrator Signature

I understand: 1) **grant funds may only be used for projects as proposed**, 2) funds remaining 12 months after awards are received must be returned to the Huron Valley Educational Foundation, and 3) any materials purchased with grant funds are the property of Huron Valley Schools.

I also understand that if I am a recipient of a mini-grant award, I will be required to furnish a final report at the conclusion of the project to the Huron Valley Educational Foundation. The final report will contain an evaluation of the project and an itemized financial accounting. Any remaining funds must accompany the final report.

Grant requests must be submitted/postmarked by September 14, 2007

The proposal review committee consists of volunteers who will make recommendations for funding to the Huron Valley Educational Foundation Board of Trustees.

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Amount Approved

H.V.E.F. Authorized Name (Please Print)

Date Approved

H.V.E.F. Authorized Signature

Project Follow-up Date _____

Date Check Issued: _____

Check # _____

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