

LTHS Foundation Minigrant Criteria

The LTHS Foundation will award minigrants to faculty members as funds are available. The typical amount per minigrant is in the amount of \$250.00 (although exceptions may be made based on the merit of individual requests). For full consideration, grants must meet the following criteria:

- 1) Projects must directly affect the academic progress of our students or be aimed at students' health and well-being.
- 2) Funding for projects cannot replace budgeted funds.
- 3) Proposals must (a) be submitted in writing prior to event attendance or purchase of requested funds, (b) specify the total dollar amount requested, and (c) include a brief rationale for the project.
- 4) Projects must have the written approval of the building principal and department chair of the person making the request.
- 5) If chosen to receive a minigrant, the recipient(s) is/(are) required to submit (a) paperwork for processing or reimbursement of funds within thirty (30) days from the date of notification of approval, and (b) a brief written report after completion of each project (i.e., describe results/merits of student performance as a result of minigrant funding, indicate if additional funding was provided by other entities, include comments by student beneficiaries, etc.).

The Foundation will examine each proposal for its merit. Generally, funds are not intended to purchase equipment and supplies that typically are provided by the school budget.

Special consideration will be given to projects that go across the curriculum or benefit a large number of students.

Examples of fundable projects:

- guest speakers
- classroom software
- projects that facilitate adding innovative teaching techniques
- units that fall outside the general curriculum

Please do not submit requests for food items.

If you have any questions or need additional information, call the Foundation Office at extension 8121.

Lockport Township High School-Foundation General Minigrant Application

Teacher's Name/E-mail _____

Department _____

Number of Students Directly Affected _____

Number of Students Indirectly Affected _____

Number of Teachers Affected _____

Teacher to Student Ratio _____:_____

Date(s) of Event / Materials Needed By _____

Purpose of Grant _____

How will this grant affect LTHS? _____

Total Cost _____

Department Chair's Signature _____

Building Principal's Signature _____

Please attach the following information, if available:

- Any further information on reason for grant
- A price print out of item being requested