

Hatteras Island Youth Education Fund

AVON, NORTH CAROLINA

(2012 EDITION)

GRANT APPLICATION FORM

Applicant Information:

_____ Daytime Phone _____
First Middle Last

_____ Evening Phone _____
Street Apt. No.

_____ Email: _____
City State Zip

Project Information:

Project Name: _____

Date of Application Submission: _____

Total Amount Requested: _____

School: _____

Position Held in School: _____

Grade Level Impacted: _____

Estimated Number of Students Effected: _____

Subject Area Covered: _____

Estimated Cost of Project: _____

Estimated Start Date: _____

Estimated Project Completion Time: _____

1) Clearly define the purpose of the Project and how it will serve education or improve classroom instruction:

2.) Describe the activities you will conduct and activities and/or materials to be developed:

3.) Clearly define the unique and innovative aspects of the Project:

4.) List all necessary supplies, materials, equipment and /or resources needed for your project and cost of each item:

5.) Have you requested any additional funding through other sources? Y / N

If "Yes", please list the sources and the amount requested:

6.) Will the Project when complete benefit children (under the age of 18) of Hatteras Island only? Y / N

7.) Can the Project be completed within nine months? Y / N

8.) Are you a professional educator at one of the Hatteras Island Schools? Y / N

9.) Has a school supervisor/superintendent approved the Project in writing? Y / N

10.) Will the Project be complete so that no further or ongoing expense is necessary? Y / N

If "No", has the School System agreed in writing to accept a responsibility for the ongoing cost or keep-up? Y / N

11.) Will the construction, purchases, organization and use of the Project be under the oversight of a school official at all times? Y / N

12.) Will the Project be used or constructed on or about school property? Y / N

13.) Will the School insurance cover casualty loss or other damages related to the Project? Y / N

14.) Will a school representative maintain clear accounting records and supporting receipts of all funds received and expended? Y / N

15.) Will the Project be made available for the benefit of all children within the specific grade or class regardless of sex, race and financial well-being? Y / N

16.) Will any payments for any reason be made to or for the benefit of any professional educator, Board Member or family member of either? Y / N

If "Yes", list the names of the individuals who will receive payment and why:

17.) Do any other funding option exist for this Project? Y / N

If "Yes", please explain:

18.) Will the proposed Grant fully pay for the Project? Y / N

If "No", please explain:

19.) Will any individual or organization benefit indirectly from this Project? Y / N

If "Yes", please

explain:

20.) Can the Project be completely funded by one or two lump sum payments? Y / N

If "No", please explain:

21.) Will the Trustee be able to pay all expenses for the Project directly with no middle- men?

Y / N

If "No", please explain:

22.) Will any part of the Project influence state or federal legislature or participate in a political campaign?

Y / N

23.) Will any part of the Project subject any child to additional potential risk or hazard?

Y / N

I attest the above information to be true and accurate to the best of my knowledge and belief.

Signature of Applicant: _____ Date: __/__/____

Signature of Supervisor: _____ Date: __/__/____

Please submit applications to jldixon@hatteraslaw.com or mail to: Post Office Box 750, Avon, NC 27915