

Hatteras Island Youth Education Fund Grant Application

Applicant Information:

* Required

1. Email *

2. Applicant Name: *

3. Daytime Phone *

4. Street Address *

5. City, State, and Zip *

Project Information

6. Project Name: *

7. Date of Application Submission *

8. Total Amount Requested: (Please note that HIYEF grants will not cover the cost of substitutes) *

9. School: *

10. Position Held in School: *

11. Grade Level Impacted: *

12. Estimated Number of Students Impacted: *

13. Subject Area Covered *

14. Estimated Cost of Project (Please note that HIYEF grants will not cover the cost of substitutes) *

15. Estimated Start Date: *

Example: January 7, 2019

16. Estimated Project Completion Time: *

Example: January 7, 2019

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

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

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

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

21. 5) Have you requested any additional funding through other resources, including Dare County Schools? If "Yes", please list the sources and amount requested: *

22. 6) Will the Project when complete, benefit children (under the age of 18) of Hatteras Island only? *

Mark only one oval.

yes

No

23. 7) Can the Project be completed within nine months? *

Mark only one oval.

Yes

No

24. 8) Are you a professional educator at one of the Hatteras Island Schools? *

Mark only one oval.

Yes

No

25. 9) Has a school supervisor/superintendent approved the Project in writing? *

Mark only one oval.

Yes

No

26. 10) Will the project be complete so that no further or ongoing expense is necessary? *

Mark only one oval.

Yes

No

27. 11) If "no" to question number "10", has the School System agreed in writing to accept a responsibility for ongoing cost or keep-up? *

Mark only one oval.

- yes
- no
- non-applicable
- Other: _____

28. 12) Will the project be used or constructed on or about school property? *

Mark only one oval.

- Yes
- No

29. 13) Will the school insurance cover casualty loss or other damages related to the project? *

Mark only one oval.

- Yes
- No

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

Mark only one oval.

- yes
- No
- Other: _____

31. 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? *

Mark only one oval.

yes

No

32. 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? If "yes", list the names of the individuals who will receive payment and why: *

33. 17) Do any other funding option exist for this Project? If "Yes", please explain: *

34. 18) Will the proposed Grant fully pay for the Project? If "no", please explain: *

35. 19) Will any individual or organization benefit indirectly from this Project? If "Yes" explain: *

36. 20) Can the Project be completely funded by one or two lump sum payments? If "No", please explain *

37. 21) Will the trustee be able to pay all expenses for the Project with no middle-men? If "No", please explain: *

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

Mark only one oval.

Yes

No

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

Mark only one oval.

Yes

No

40. By entering your name below, you are attesting the above information to be true and accurate to the best of your knowledge and belief. *

41. By entering your supervisors name below, you are attesting the above project has their approval for submission. *

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