



**THE HAVERFORD SCHOOL DISTRICT  
EDUCATION FOUNDATION  
SCHOOL EMPOWERMENT GRANT APPLICATION**

School(s) \_\_\_\_\_  
Name of Primary Grant Contact Person \_\_\_\_\_  
Check One: [ ] Parent [ ] Teacher [ ] Principal [ ] Other  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Project Title: \_\_\_\_\_  
Application Date: \_\_\_\_\_

**Empowerment Grant Application Form**

- 1. Please provide a project overview. Items to include may be all or any of the following (answer should be 300 to 500 words):**
  - Problem or challenge to be addressed
  - Learning outcomes envisioned for the project and the main project activities.
  - Explanation of how the project aligns with the Foundation's mission to spur innovation within the district.
  
- 2. Define the target population and estimate the number of students the project will serve . If it applies to more than one school, please list all schools in this response.**
  
  
  
  
  
  
  
  
  
  
- 3. What is the timing for completion of the project implementation? If your grant is selected to move forward for additional review, you will be asked to submit a templated project timeline with detailed tasks to complete the project, as well as the task owners & time duration to implement the program or project in the applicant school, from kickoff through project completion.**

**4. What is the budget for the project? Will any other sources of funds be used to support the project? If your grant is selected to move forward for additional review, you will be asked to complete a templated budget form**

**5. Please define the project's need for space, technology, and other resources?**

**6. Describe the long-term and short-term benefits of this project for your school(s) and student population? Please describe an assessment plan and how the benefits will be measured and whether the benefits will be sustained over time.**

**7. Describe how this particular project was chosen and detail how you solicited input from the entire School(s) community (faculty, administration, staff, students and parents). Also describe how your Grant Committee members were selected.**

**8. If outside vendors or contractors will be utilized for the project, please provide information on them and the method used to select the vendors. (A minimum of two bids is strongly suggested for the purchase of equipment or services valued at \$2000 or more from 3rd party vendors. Any sole source purchases will need to be sufficiently justified.)**

**Please attach any other additional supporting information that can help the Foundation properly review your request (i.e. resumes, brochures, etc.)**

**Completed Grant Applications, including written approval from the School District as described in the Empowerment Grant Application Guidelines, should be forwarded to: Jim Blumenstock, at [blumenjim@gmail.com](mailto:blumenjim@gmail.com).**

**Haverford Township School District Education Foundation**

**Empowerment Grant Budget Worksheet**

<b>Item Description</b>	<b>Equipment</b>	<b>Personnel</b>	<b>Materials / Supplies</b>	<b>Services</b>	<b>Other</b>	<b>Total</b>
<b>Category Subtotals</b>						
<b>Grand Total</b>						

**\*Please Note - the Budget should reflect entire cost of program**

**Please list below Vendor Information for items over \$1000 in value**

<b>Item Description</b>	<b>Vendor Name</b>	<b>Address</b>	<b>Phone #</b>

**School Grant Committee Members:**

Name \_\_\_\_\_  
Check One:  Parent  Teacher  Principal  Other  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
Check One:  Parent  Teacher  Principal  Other  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
Check One:  Parent  Teacher  Principal  Other  
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Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

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E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
Check One:  Parent  Teacher  Principal  Other  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
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Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
Check One:  Parent  Teacher  Principal  Other  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_