

ASD Foundation Grant Application Form

Entries should be delivered electronically via email. A duplicate copy sent inter-office mail may also be sent. Send completed applications to Paula Berry, ASD Foundation, as an attachment via email to pberry@asd.k12.pa.us. Inter-office copies can be sent to West Hills Primary. Grants are awarded to the teacher who completes the grant application and the ASDF reserves the right to pull grants that are not being executed by the teacher of which signs the application.

ASD Foundation trustees will rate applications on a scale using criteria that match the four categories listed within the application. The maximum score is 4/4.

- The ASD Foundation tends to fund innovative project ideas that are incorporated into innovative and enriching instruction. Our mission is not to supplement department budgets. Some applicants ask for materials, but do not explain how the materials will be used to support an innovative program, which results in a lower score for the application. The ASD Foundation does not fund projects to purchase reward/incentive materials such as candy/pizza, etc, nor are they able to fund bussing or substitute teacher fees. Funds must be spent by the end of the school year in which they are awarded.

Each winner must submit to the ASD Foundation a one-page Activities Summary of how the grant helped to improve student learning. Digital pictures of key moments made possible by the grant should be included with the Activities Summary. This Activities Summary may be used as part of an annual Foundation newsletter. Awardees must also submit a one-page final Expenditures Report and all receipts. The expenditure report will be emailed to winning proposals. Both the Expenditures Report/Receipts and Activities Summary/Digital Photos are due May 15 of the school year in which the grant is awarded.

If, for any reason, you were to leave the school district, all items bought with the ASD Foundation monies become the property of Armstrong School District and should stay within the school you last worked. Grant money must be used only for the intended purpose outlined in the application.

For questions, please email Paula Berry at pberry@asd.k12.pa.us.



181 Heritage Drive, Suite 2
Kittanning, PA 16201
Tel: 724-548-7651
pberry@asd.k12.pa.us

I hereby certify that I have read and understand the information on this page and certify that this application and all attached documents are true and correct to the best of my knowledge. I promise to spend any awarded grant money in the manner in which it is stated within this document and any related documents: _____ (Initials)

Educator's signature and date: _____

Educator's Name: _____

Please underline/circle which type of grant you are applying for:

Classroom Grant - \$500 Grade-Wide Grant - \$1000

School-Wide Grant - \$2000_| District-Wide Grant - \$5000

What is the title of your project? _____

Approximate number of students who would benefit from this grant: _____

Specifics on which student population would be served by this grant: _____

Please state which grade level(s) of students will benefit from your project: _____

Do you currently contribute to the ASD Foundation through its Payroll Giving Program? Yes _____ No _____.

**If no, would you like to enroll? Enrollment can be yearly or for as long as you work for the school district. The amount donated is deducted from each paycheck. Yes __ No __
Please complete the form that is at the bottom of the application.**



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<p>Please give an overview of the project that you would like to have funded. Also, please state your project's goals and describe how students will benefit.</p> <p>Office use: yes/no</p>	
<p>Action Plan: Please list actions that will need to be completed to meet your goals and a timeline.</p> <p>Office: yes/no</p>	
<p>Please explain why this project is unique or innovative.</p> <p>Office; yes/no</p>	



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<p>Itemized Budget</p> <p>Please include estimates for the following as they apply:</p> <p>Supplies, property, professional services, dues/fees, or other.</p> <p>Office: yes/no</p>	
<p>Have you secured any and all necessary approvals from principals, administrators school and/or Community boards, that may be related to this project idea?</p>	



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Name: _____

Building: _____

I would like to become a *Friend of the Foundation*. I authorize the Armstrong School District to make a payroll deduction, as indicated in the box below, to be donated to the Armstrong School District Foundation, starting immediately. (To end payments, please contact the Payroll Office)

Signature: _____

Please send your payroll deduction enrollment form via school mail to:
Armstrong School District Foundation, Administration Office

As a charitable, non-profit organization, your contributions are tax deductible.
We thank you for your generosity and contribution!!

I prefer to make a one time-donation in the amount of \$_____.

I prefer to become a lifetime donor in the amount of \$_____per pay, for as long as I remain an employee of the ASD.

Signature: _____