



AMHERST CENTRAL ALUMNI FOUNDATION, INC.

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## GRANT APPLICATION

**GRANT PURPOSE:** to award donated funds for the enrichment of the Amherst School District student population via programs and materials not covered by the annual school budget. To continue the excellence in education our Amherst Alumni experienced in the past.

### GRANT APPLICATION PROCEDURES

- Grants submission deadlines are October 1 and March 1
- Download grant application from alumni website
- Complete application and attach additional page with details/budget etc.
- Send completed application to the Alumni Office @ ACHS
- Grant applications are distributed to the grant committee, a subcommittee of the ACAF, Inc. Board of Directors
- The grant committee makes recommendations to ACAF, Inc. Board of the grants to fund
- ACAF, Inc. Board of Directors votes on grant recommendations at monthly meeting after submission deadline
- The Board of Education accepts the grants at their next board meeting
- The recipient is notified of the approval and the funds are disbursed to the District Office within the month
- The grant applicant is then notified of the budget code to use following the board meeting
- Please use tax exempt forms or plan via the school for your purchases- taxes are not funded through ACAF, Inc. grants
- If grant funds are unable to be used, funds need to be returned to ACAF, Inc. for redistribution

### CRITERIA

- All schools in the Amherst School District are eligible- Smallwood, Windermere, AMS and ACHS
- Eligible projects include: items not covered in the school budget such as field trips, special classroom material, extra -curricular etc.
- Only programs taking place in the future considered, no past projects, programs or field trips
- Repeat request from previous year will not be funded unless there are excess funds available
- Seeking requests that affect the greatest number of students
- No teacher or individual stipends or salaries are eligible
- All equipment and material purchased with ACAF, Inc. grant funds remain property of ACSD



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### GRANT APPLICATION CHECKLIST

Date: \_\_\_\_\_

Name of Project: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Number of Students Benefitting: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Will you accept partial award: Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) of Applicant(s): \_\_\_\_\_

School: \_\_\_\_\_

Contact Information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

First-time application for this project? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain reason for applying again \_\_\_\_\_

Are you seeking funds from other sources? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, organization name(s) \_\_\_\_\_

Principal Approval Signature (required)

\_\_\_\_\_

***\*\*Please attach detailed information relevant to your project such as overview, etc.\*\****



#### OFFICE USE:

ACAF: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled/Hold

ACAF FUND \_\_\_\_\_ OTHER \_\_\_\_\_

Amt. Req. \_\_\_\_\_ Amt. Awarded \_\_\_\_\_

Date - Email Notification to teacher: \_\_\_\_\_

Date - Check Sent to D.O. \_\_\_\_\_

Follow Up Rec'd: \_\_\_\_\_