# Charles S. Rushe Middle School PTSA Mini- Grant Program 2021-2022 School Year

#### Dear CSRMS Staff:

The CSRMS PTSA is excited to continue with our "Mini- Grants". The Mini- Grant Program is designed to fund enriching, educational experiences that will benefit the students of CSRMS. If you have a need that meets the criteria of the program, please consider submitting a grant proposal.

#### Criteria

- · Mini- grants should provide wide- range student enrichment
- Materials purchased through the mini- grants shall remain as school property
- · Mini- grants are meant to provide funds for projects for which other funding may not be
- available. Funds awarded by the PTSA must be utilized in the same academic year
- Receipts must be turned into the PTSA Treasurer for reimbursement

### **Frequently Asked Questions**

- 1. Who may apply? a. All PTSA CSRMS staff members that have paid their dues for the 2019- 2020 school year. The application request may include either individual or group faculty or staff members but all included must have paid for this fiscal school year.
- 2. When may I apply? a. You may apply throughout the year. Applications will be considered by the PTSA Grant Committee through April 1, 2021 or until funds are depleted.
- 3. How do I apply? a. Complete the application and turn into the PTSA mailbox.
- 4. Is there a budget limit? a. The grant proposal may not exceed \$100.
- 5. How do I receive my grant funds? a. Once your grant has been approved by the PTSA Board of Directors you will receive a certificate authorizing purchase of the requested materials. The materials may be purchased by the individual and/or group, a copy of the receipt(s) and original certificate must be turned into the PTSA Treasurer for reimbursement. \*A receipt is required for audit purposes\*
- 6. How will my application be evaluated? a. All applications will go through a blind evaluation. The application will be assigned a number and will be reviewed by members of the PTSA Grant Committee. Grant readers will evaluate the application based upon how the proposed project supports the curriculum, impact it will have on students, and for the clarity of the budget presentation. Grants will be awarded by a majority decision of the PTSA Board of Directors based on available funds.

We hope that you will take advantage of this program to provide the best education and experience we can give our children. If you have any questions about the program please us an email at: csrmsptsa@gmail.com Sincerely,

Kate L PTSA President

18654 Mentmore Boulevard • Land O' Lakes, Florida 34638

\*Retain this sheet for your records\*/

| Charles S. Rushe Middle | School PTSA Mini-C      | Grant Application         | ·     | (Assigned by PTSA) |
|-------------------------|-------------------------|---------------------------|-------|--------------------|
| Applicant Name:         |                         | •                         |       |                    |
| Email:                  |                         |                           | •     |                    |
| Grade Level(s) to be    |                         |                           |       |                    |
| Impacted:               |                         |                           |       |                    |
| Application Title:      |                         |                           |       |                    |
| Grant Type:             | Individual              | Group                     | מ     |                    |
| (please circle one)     | 11101                   | - ,                       | r     |                    |
| For group grants        |                         | ******                    |       |                    |
| please list the         |                         |                           |       |                    |
| additional teachers     |                         |                           |       |                    |
| Number of Student       |                         |                           |       |                    |
| Impacted                |                         |                           |       |                    |
| When are the funds      |                         | ,                         |       |                    |
| needed?                 |                         |                           |       |                    |
|                         |                         |                           |       |                    |
| ·                       |                         | Project Details           |       |                    |
| Project Summary (overs  | view of the project)    |                           |       |                    |
|                         |                         |                           |       |                    |
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|                         |                         |                           |       |                    |
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|                         |                         |                           |       |                    |
|                         |                         |                           |       |                    |
| Goals and Benefits (hoy | w will the project impa | act the learning environm | ient) |                    |
|                         |                         |                           |       |                    |
|                         | •                       |                           |       |                    |
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|                         |                         |                           |       |                    |
| Longevity (how long w   | ill this program last)  | •                         |       |                    |
|                         |                         |                           |       |                    |
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|                         |                         |                           |       |                    |
| Budget (approximate co  | osts)                   |                           |       |                    |
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## PTSA Board Use Only

| Grant Committee Comments:                       |  |
|---|--|
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| PTSA Board Comments:                            |  |
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| Mr. Salerno's Comments:                         |  |
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| a character to the proof D                      |  |
| Grant Approved / Declined by the PTSA Board:    |  |
| Date Approved:CSRMS PTSA President's Signature: |  |
| CSKIVIS F I SA Flesident's Signature.           |  |
| Certificate delivered to Teacher: Yes or No     |  |
| Date Delivered:                                 |  |
|   |  |
| Treasurer Notes:                                |  |
| Receipts Received:                              |  |
| Check Number:                                   |  |
| Reimburgement Date:                             |  |

| Have you applied for any other type of funding from another source? If, yes please explain. |
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| Is there anything else you wish to tell us about the project?                               |
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| I acknowledge that all grant awards remain the property of Charles S. Rushe Middle School   |
| Staff Name:   |
| Signature of Requester:   |
| Date:   |