

Lincoln Roosevelt PTA  
Mini-Grant Program  
2010-2011 School Year

To: All Staff Members  
From: Lincoln Roosevelt PTA

The Mini-Grant Program was instituted to help staff members supplement and enhance their curriculum. Through the Mini-Grant Program the PTA supports projects initiated by staff members that may not otherwise be available to them.

When you apply for a mini-grant please use the attached application. The maximum amount you can apply for is \$250. Priority will be given to mini-grants that benefit the most students. Please note the PTA is not allowed to fund parties of any kind. Mini-grant applications will be considered on a first come, first serve basis as long as funds are available. With the success of last year's grants, we've doubled this year's budget to \$2,000. If our fall fundraising is successful there may be additional funds available.

Please return the completed, signed application to the PTA mailbox.

If you have any questions, please call me at 973-927-6215 or email at [ddramage@optonline.net](mailto:ddramage@optonline.net).

Diane Ramage  
PTA President





Mini-Grant Recipients agree to accept the following responsibilities:

- ✎ Implementing the project as presented and informing the PTA of any changes before they occur. Funds may not be used for projects or expenses outside of what has been approved by the PTA.
- ✎ Submit appropriate receipts to the PTA Treasurer in a timely manner and in accordance with funding approval. All receipts must be forwarded to the Treasurer within 60 days of the project completion or by the last day of school, whichever comes first, for reimbursement.
- ✎ Communicate the progress of the project when requested by the PTA.

I/we agree to fulfill the responsibilities outlined in this proposal and any supplemental related materials.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

PTA USE ONLY	
Review Date	_____
Returned to Applicant	_____ Reason _____
Approval Date	_____ Restrictions _____
Amount Approved	_____
Date Declined	_____ Reason _____
President's Signature	_____
Date Recipient Notified	_____
Receipts Received	_____ Check # _____