



**HHSA 2019-2020 Mini-Grant Application (page 1 of 2)**

1. Circle your grade level

K 1 2 3 4 5 6 7 8 Special Area \_\_\_\_\_

2. Grant description (attach separate sheet if necessary)

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3. Date(s) of event or project: \_\_\_ / \_\_\_ / \_\_\_

4. Teacher(s) requesting the grant (signatures of all participants required)

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5. Amount requested (attach budget for the project/request) \_\_\_\_\_

6. Will this grant be combined with another funding source? Yes \_\_\_\_ No \_\_\_\_

7. Identify other funding source \_\_\_\_\_

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**FOR HHSA USE ONLY**

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed by HPS Administration \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

**Approved** \_\_\_\_\_ **NOT Approved** \_\_\_\_\_

HHSA Mini-Grant Committee Action:

**Approved** \_\_\_\_\_ **NOT Approved** \_\_\_\_\_

**Check Issued #** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Check Sent To:** \_\_\_\_\_