



MHSAA GRANT REQUEST GUIDELINES

1. All Grant Request projects must target some aspect of one or more of the following categories endorsed by the mission of the Marion High School Alumni Association: Academics, Arts, and/or Athletics.
2. All Grant Request forms must be completed thoroughly and legibly in black/blue ink or as a fillable PDF. It is critical that the requestor's supervisor and the Superintendent review and sign-off on any request so as to insure that all other funding options have been discussed. For example:
 - Could the request be covered by dollars available through the school system?
 - Could the request be covered by other fundraising?
 - Could the request be covered by an individual benefactor that is connected to the cause?
 - Could the request be covered by outside funding sources such as grants, Community Foundation, etc.?
3. Completed requests can be uploaded and submitted at www.marion.k12.in.us/MHSAA-grant-submission/ or mailed to the following address: Marion High School Alumni Association
PO Box 448
Marion, IN 46952
4. All Grant Request forms must come with supporting documentation which includes, but is not limited to, vendor quotes for products and/or services, program details, whom funds will benefit, why there is a need to fund the project, etc.

5. All Grant Requests submitted by the 15th of any month will be reviewed first by MHSAA'S Grant Committee, and then all grants that have been properly submitted and have met the qualifying criteria will be presented to the full MHSAA Board the following Board Meeting thereafter. Grant Requestors will be notified of their status within one week after the Board Meeting vote.



MHSAA GRANT REQUEST FORM

The Marion High School Alumni Association is dedicated to helping meet the needs of its local community in line with the principles of the MHSAA Bylaws. Requests must be approved by applicable program or department leader and building principal before submission. (Please be advised that requests for political contributions or donations to be political causes will not be considered.) All approved requests will be paid by check only.

DATE OF REQUEST: _____ **AMOUNT REQUESTED:** _____

NAME OF ORGANIZATION / GROUP & SCHOOL: _____

REQUESTER NAME: _____ **PHONE:** _____ **EMAIL:** _____

SECONDARY CONTACT (if applicable): _____

Are you authorized to request funds on behalf of the organization / group? () YES () NO

_____ **AND** _____

AD or program director approval signature (required if applicable)

Principal approval signature(required)

Superintendent signature (required)

Briefly describe the project request / primary purpose / mission / anticipated outcomes (Attach supporting documentation if available, such as vendor quotes, product pictures, etc.)

TIMELINE OF ACTIVITY (including when funds are needed):

BUDGET:

<i>Expenditure Category</i>	<i>MHSAA Fund Request</i>	<i>Funds from other sources</i>	<i>Total</i>

FORM CONTINUES ON REVERSE SIDE >>

PLANS TO MEASURE AND COMMUNICATE PROJECT RESULTS:

Has MHSAA given to your group in the previous 12 months? () YES () NO

What other sources of funding are available to support the project?

By signing below, I (we) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (we) also consent, should a donation be awarded, to the use of the organization's name and other information (logo, photos of the organization and its agents, etc.) in any promotional material generated by Marion High School Alumni Association for their use and related publicity. I (we) also agree to provide a Tax Acknowledgement Letter for any donation given and provide evidence of our 501©3 status, if so requested by MHSAA. I (we) agree that this form and any additional information provided to HHSAA about the organization will be kept and not returned, regardless of whether the request for donation is approved or declined.

SIGNATURE OF REQUESTER: _____

TITLE OF REQUESTER: _____

Make Check Payable to: _____

Name / Address to be mailed to: (If applicable)

FOR MHSAA USE ONLY

Date request received _____ Received by: _____

() APPROVED () DECLINED () PENDING

Amount Requested: \$ _____

() CHECK MAILED (Date: _____)

Amount Received: \$ _____

Date: _____

-or-

() CHECK PICKED UP / RECEIVED BY: _____ Date: _____

SOURCE OF FUNDS: _____

NOTES:
