



HENRY HUDSON TRI-DISTRICT  
**EDUCATION  
FOUNDATION**

## **REQUEST FOR PROPOSALS**

### **About the Henry Hudson Tri-District Education Foundation**

The mission of the Henry Hudson Tri-District Education Foundation is to support innovations in Science, Technology, Engineering, Arts and Math programs (STEAM) and athletics at the Tri-District of Atlantic Highlands Elementary School (AHES), Henry Hudson Regional School (HHRS), and Highlands Elementary School (HES).

Henry Hudson Tri-District Education Foundation is seeking proposals to provide funding for faculty to support their innovative classroom programs/projects related to STEAM and athletics in Atlantic Highlands Elementary, Highlands Elementary, and Henry Hudson Regional School. Applications will be accepted, reviewed and selected at designated times throughout the school year. The Foundation may also seek outside grant opportunities if applicable. We will advise you of any additional information needed.

The Foundation is especially interested in projects that: (1) fit our Foundation's mission; (2) offer cost-effective and engaging programs to several of our districts' students; (3) have a plan for becoming financially sustainable; and (4) are not able to be funded through their school's budget.

### **Submittal Instructions**

All proposals must be made by an employee of the Atlantic Highlands, Highlands or Henry Hudson School District. Please send your completed application to the Supervisor of Curriculum for initial review and input before sending to the Education Foundation at [RFP@HHTDEF.ORG](mailto:RFP@HHTDEF.ORG). No grant application will be considered without supervisor's approval.

The disbursement of any funds does not transfer any liability for the activity to the Education Foundation.

Any questions please contact Kevin Ilarraza at (646) 413-4981 or at [RFP@hhtdef.org](mailto:RFP@hhtdef.org)

### Questions and Requirements

Please answer the questions completely and with as much information as possible to support the request. **Incomplete applications will not be considered.**

Please visit the HHTDEF.ORG website for important dates. We recommend that you submit your proposals well in advance of any dates to allow time for any clarifications that may be required by the grants committee in order to proceed for consideration by the full board of the Foundation.

### PLEASE ANSWER THE FOLLOWING QUESTIONS

| <b>ATTACHMENTS</b>                                                                                                                                                                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Please attach supportive documents. These attachments should be numbered and be prefaced by a list. Where you refer to them in this form, please also include their attachment number for ease of reference. (Examples of attachments: resumes, awards information, detailed expense, invoices and other revenue budget, benefit statements, ongoing maintenance, funding contingencies). |  |

| <b>CONTACT INFORMATION</b> |                       |  |
|----------------------------|-----------------------|--|
| A                          | Contact Name          |  |
| B                          | Contact Title/Role    |  |
| C                          | Contact Email address |  |
| D                          | Grades Served         |  |
| G                          | Date of Submission    |  |

| <b>FUNDING REQUEST INFORMATION</b> |                                                                                                    |                                                            |
|------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| A                                  | Funding / Program Name:                                                                            |                                                            |
| B                                  | Please provide a brief description of your request and how it meets STEAM and Athletics Objectives |                                                            |
| C                                  | Circle Applicable Category                                                                         | S          T          E          A          M or Athletics |
| D                                  | How many students will benefit if the request is funded                                            |                                                            |
| E                                  | Grade(s) of the benefited students                                                                 |                                                            |
| F                                  | Is this currently part of the Curriculum?                                                          |                                                            |
| G                                  | If not applicable to an entire grade, please specify how benefitting students will be selected     |                                                            |

| FINANCING AND BUDGET |                                                                                                                                                                                                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A                    | Amount requested                                                                                                                                                                                                |
| B                    | Date / Time period of Activity                                                                                                                                                                                  |
| C                    | Date funding required                                                                                                                                                                                           |
| D                    | Total cost of project                                                                                                                                                                                           |
| E                    | If this is currently part of the curriculum how much is being funded by other sources?<br>From what source(s)?<br>Is it already secured for upcoming project?                                                   |
| F                    | If this is not currently in the curriculum, do you have any other source(s) of funding?<br>How much?<br>From where?<br>Plans for fundraising?                                                                   |
| G                    | If this is an ongoing program, how do you plan to fund it in the future?                                                                                                                                        |
| H                    | Have you requested funding from the BOE?<br>Especially for transportation?                                                                                                                                      |
| I                    | Have you received monies from sources before?<br>Who?<br>How much?                                                                                                                                              |
| J                    | Detailed Breakdown of funds (please be as accurate as possible, with actual price quotes from vendors where necessary; <b>must obtain at least three quotes</b> )<br>i.e., transportation costs, materials etc. |

| Item  | \$ |
|-------|----|
| 1.    |    |
| 2.    |    |
| 3.    |    |
| 4.    |    |
| 5     |    |
| TOTAL |    |

*If your detailed breakdown exceeds 5-line items please follow the above format and append your list as an attachment*

**PAYMENT OF FUNDS**

Grant recipients will provide vendors with the Foundation’s ST-5 Form (received by Foundation when grant is approved), so that sales tax will not be applied to the purchases as we will not reimburse for tax.

**PLEASE NOTE – FUNDS WILL BE DISPERSED AS PER THE DETAIL OF THE APPROVED GRANT. ANY DEVIATIONS MUST BE SUBMITTED TO HHTDEF FOR RECONSIDERATION.**

**GRANT MECHANICS**

- A. HHTDEF will reimburse expenses within 10 days of received invoice; either to the faculty or Business Administrator/board office Business Administrator or Board Office can pay and will be reimbursed by HHTDEF within 10 days of received invoice
- B. HHTDEF can be billed directly

**POST FUNDING PROCEDURE**

- A. All items procured/ services rendered from the grant monies become the property of the school requesting the funds.
- B. No more than 30 days after the grant funding was used, grant recipients are expected to provide Kevin Ilarraza a brief paragraph summarizing the funded project, a quote explaining how it will/has impacted students, and a picture of the students interacting with the funded project. This will be shared in print, online and social media and MUST be approved for release.
- C. Grant recipients are asked to be available to the TDEF for the purposes of publicizing their projects to parents, teachers and the local community through school publications, local newspapers and other media outlets.

**Please note that failure to comply with the post-funding procedures will lead to being ineligible for future funding requests.**

By signing this application, you acknowledge and agree to adhere to the guidelines outlined in this request for proposals. by the Henry Hudson Tri-District Education Foundation

*Signature*\_\_\_\_\_.

We greatly appreciate your time and efforts to educate our children, and for your commitment to bringing fresh approaches to the classrooms of our districts and beyond.

Henry Hudson Tri-District Education Foundation

**Curriculum Supervisor**

Please give your opinion on how this meets with the district's curriculum objectives and if you believe this is a valuable program for the school. Please keep in mind that the Education Foundation has limited funds; as such, the Board looks to you for guidance as to how this fits the school's curricular priorities.

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Print Name

Title

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Signature