

Monona Grove Education Foundation Pay It Forward Grant Request

Dedicated To Enriching The Education Of The Children In The Monona Grove School District

Purpose of Pay It Forward (PIF) Grants Program: The Monona Grove Education Foundation (MGEF) believes for student achieve to the best of their ability the barriers of food security, personal health and hygiene and an environment free of out side distractions is necessary. PIF grants concentrate on providing those opportunities generating positive outcomes for long-term student success. By partnering with Monona Grove School District teachers and staff we will be able to best service our students most in need.

Identified Areas Of Need: Identified areas of need include but are not limited to the following: leadership camps, yearbooks, instrument rental, athletic passes, senior pictures, equipment, personal care items, eye glasses, spirit wear for school activities, birthday treats, seasonal and weather appropriate clothing or footwear, bicycle helmet, bike lock, backpack, lunch box, personal hygiene products, book from book fair. Approved request payments for individual students will be one time and non-recurring.

Please Complete The PIF Grant Request Information In Appropriate Following Sections

Attach Any Additional Supporting Information Which May Be Helpful

Section I – To Be Completed By Requester

Requester Name: _____ Building: _____ Assignment: _____
Enter Your Name Here Select Assigned Location Job Assignment

Requester Phone: _____ Requester Email: _____ Grant Type: Mini (< \$50) or, Full
Select Type Of Grat Requested

Student Grade Level: _____ Request Amount: _____

Is request for District budgeted item(s): ___ Yes ___ No Have Other funding resources been accessed or explored: ___ Yes ___ No

Awareness of Requested Need:

Please state when and how the need become apparent or known; any referral; parent/guardian request, Etc.

Purpose of Request:

Please provide in detail what you are looking to fund and if there is a deadline by when you hope to receive the funds.

Benefit To The Student:

How the request would enhance this student's growth, learning, experiences or relationships.

Section II Submittal Instructions:

To submit your request follow these steps.

- 1.) Save this form to disk for your records and submittal.
- 2.) This request is for a PIF Mini grant of \$50.00 or less, complete #4 below and submit this form as an attachment by e-mail to mgef.pif@gmail.com subject line: **Mini Grant Request**. *Payment will be made only after approval and a paid receipt is sent to the PIF Selection Committee.*
- 3.) For PIF Full Grants – Complete #4 below and E-mail this request to your building Student Services staff. Include any supporting documentation or information which may be useful. *Requests will only be accepted for consideration by the PIF Selection Committee from the Director of Student Services.*
- 4.) I am a Monona Grove School District Staff Member: _____ Date: _____
Enter Your Name Here

For PIF Grant Committee Use Only

Received: _____ Assigned Request #: _____ Accepted & Approved: ___ Yes ___ No Approved Amount: \$ _____ By: _____

Comments:

A request for a Full MGEF PIF grant greater than \$50.00 has been made by a District staff member. Please complete this section after reviewing this request and forward this form with a recommendation for either acceptance or rejection to the Director of Student Services for final review. The request should be aligned with the stated goals and programs available to all students enrolled in the Monona Grove School District.

Section III – To Be Completed By Student Services Staff Only

Reviewer Name: _____ Building: _____ Assignment: _____
Enter Your Name Here Select Assigned Location Job Assignment

Reviewer Phone: _____ Reviewer E-mail: _____

This Request For Student Assistance Is:

Part of, or an addition to, any other non-MGEF sources: ___ Yes ___ No

A non-budgeted District item: ___ Yes ___ No

A recurring expenditure: ___ Yes ___ No

Student is receiving or participating in other District based program(s): ___ Yes ___ No

Additional Information Which May Assist The Approval Process:

Please provide any additional information

Does This Request for Student Assistance:

Require parental/guardian permission or notification required: ___ Yes ___ No If Yes, Who will be responsible for making the notification: _____

Provide assistance for basic human needs: ___ Yes ___ No

Other Notes:

Please enter any comments or questions concerning this request

I am a Student Services Staff Member and recommend this request for further consideration: ___ Yes ___ No

By: Name: _____ Date: _____
Enter Your Name Here

Telephone: _____ E-Mail: _____

Forward this request to Christa Foster, Director of Student Services christa.foster@mgschools.net for final consideration and review.

Section IV – To Be completed By Director Of Student Services

This request is for a full Pay It Forward Grant request and has been forwarded to you by a Student Services staff member or other District Administrator. As a part of final approval and award of this full grant please review this request for appropriateness and forward this grant request by e-mail with any supporting documentation or information to MGEF PIF Committee.

Comments:

Please enter any comments or questions concerning this request

As Director of Student Services I approve this request: ___ Yes ___ No

Please Forward this request and any additional information by E-mail to the Monona Grove Education Foundation Pay It Forward Committee - MGEF.PIF@gmail.com

Name: _____ Date: _____
Director of Student Services

Telephone: _____