



Hopkinton Public Schools Foundation

Enrichment, Opportunity, and Innovation for the Whole Child

Grant Application

Please attach additional materials as necessary.

***Please ensure this completed Grant Application is signed by the school Principal and the Superintendent before submitting to the Foundation at contact@hpsfnh.org.*

Thank you for your application!

APPLICANT INFORMATION

Name:		Date:	
Job Title:			
School:			
Years with HSD:			
Preferred Address:			
Preferred Telephone Number:			
Preferred Email Address:			

PROJECT INFORMATION

Project Title:	
School(s) Impacted by Project:	

Enhancing community support for public education in Hopkinton

PO Box 42, Contoocook, NH 03229
www.hpsfnh.org contact@hpsfnh.org



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Enrichment, Opportunity, and Innovation for the Whole Child

Briefly describe your project:

How will your project support enrichment, innovation, development of the whole child, and/or reduction of the opportunity gap in the Hopkinton School District?

How many students will be impacted by your project? How will they be impacted?

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How many faculty and staff members will be impacted by your project? How will they be impacted?

TIMELINE

Please provide a timeline of the proposed activities for your project.

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SUSTAINABILITY

If this project will extend beyond the grant year, how will you sustain it financially after this grant year?

EVALUATION

How will you know if your project is successful?

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BUDGET

Please provide a proposed budget for your project, including expenses and any other sources of revenue.

COMMUNITY INVOLVEMENT

Please provide the names of two-three other people from the Hopkinton/Contoocook/School District community who will be involved in your project, and describe how they will be involved.

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SIGNATURES

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT NAME/TITLE: _____

BUILDING PRINCIPAL SIGNATURE: _____ **DATE:** _____

PRINCIPAL PRINTED NAME: _____

SUPERINTENDENT SIGNATURE: _____ **DATE:** _____

SUPERINTENDENT PRINTED NAME: _____

END OF APPLICATION

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