



## HELPING HANDS GRANT APPLICATION GUIDELINES



The Foundation's purpose is to ensure that the employees of the Alba-Golden ISD feel supported in times of critical needs, and we will endeavor to provide needs-based additional resources for teachers and staff who find themselves in financial difficulty due to unforeseen circumstances. The Education Foundation believes several factors can influence a person's ability to do their job effectively when faced with the turmoil life can offer, and grants provided by this specified fund may be able to alleviate some of that financial stress. The AGISDEF will deliberate on all applications.

Completed applications should be submitted via email to [grantapplications@agisdef.org](mailto:grantapplications@agisdef.org)

Applications must be received **at least fourteen working days** prior to the Education Foundation Board of Directors' Meeting, which is the third Monday of each month. There is no guarantee that the Grant Application will be on the agenda for that month's meeting date if received later than the deadline. Emergency Grants will be expedited on a case-by-case basis.

- You may be asked to attend the meeting when your application is being considered to answer questions by AGISDEF Directors.
- Any sensitive personal information will be redacted before application is submitted to the AGISDEF Directors.

Once an application is received, it will be reviewed by the Board of Directors and applicants will be notified about the status of their request within 30 days of each request. If additional information is needed, the staff will be contacted, and the required information should be submitted as soon as possible. A delay in submission of the information could result in a delay in final review of the grant request.



# HELPING HANDS GRANT APPLICATION



Campus and/or Staff Member affected:	
Name of applicant:	
Phone:	Email:
Description of critical need:	
How much are you requesting?	
Total cost of treatment/emergency needs/etc.:	
If applicable, number of individuals involved:	
Approximate date of needed items:	
Are supporting or matching funds being requested from other sources? YES NO List details below:	
<b>Description/Name of organization</b>	<b>Amount received or committed</b>
1. District Contribution if applicable (ie. sick days/vacation time):	
2. Is insurance available?	Amount insurance will cover if known:
3. Family contribution	
4. Church contribution	
5. Other organization contribution	
<p>If this grant application is approved, I understand that the Education Foundation may ask for a written report upon completion of the treatment/emergency needs/etc. or anytime thereafter. The inability to provide a report may jeopardize my applications in the future. I also agree that the Foundation may publish all or part of this report on their website or newsletter (all personal information is removed to maintain the recipient's confidentiality. Photos are published with permission). Recipients may be asked to attend a Foundation meeting upon completion and present a personal report on how they benefited from the grant.</p>	
Applicant's signature:	Date:



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