



**TEACHER-STAFF
HOSPITALITY MINI-GRANT
APPLICATION**

Purpose:

The purpose of the FSUS PTSA Hospitality Mini-Grant program is to make funds available for FSUS teachers and staff to provide food and beverage, decoration and other hospitality-related items for meetings and/or events that serve an educational purpose. These funds should only be sought after attempts to have the items donated have proven unsuccessful.

Hospitality grant requests may be made in any amount, but must not exceed \$250 per teacher per school year.

Guidelines:

1. Teacher/Staff Member must be a current member of FSUS PTSA.
2. You must show "evidence of encouragement" to students' families to join and participate in FSUS PTSA
3. Mini-grants must be used for events that assist you in meeting the Sunshine State Standards for your field of instruction.
4. All Mini-Grant requests must be submitted 3 days prior to the date of the next FSUS PTSA Executive Board meeting in order to be considered.
5. If products and/or services can be provided by FSUS on campus, then the PTSA has the right to refuse payment for such products and/or services (i.e. copies).
6. Efforts to have hospitality items donated must be described below.
7. Once a mini-grant has been approved, the applicant must give a receipt for items purchased before a reimbursement check will be issued.
8. All non-perishable items purchased with the mini-grant money will remain FSUS property.
9. There is a \$250.00 limit to the amount for which a teacher or staff member can apply each school year. Funds will be approved and distributed on a first-come, first-served basis. Once the total amount budgeted for Teacher-Staff Hospitality Mini-Grants is exhausted, no additional mini-grant requests will be considered that year.

Request:

Name: _____
Grade: _____
Subject: _____
E-Mail Address: _____

Event Description: (be specific in your description and attach any and all documentation you feel may help the board in reaching a decision. Please also describe any efforts made to have the requested items donated.)

Total cost: _____ (Attach a complete budget breakdown) **Date funding is needed:** _____

For PTA Board Use Only:

Date Received: _____ Approval: Yes No Date of Approval: _____
Date Paid: _____ Check# _____