



Dobbs Ferry PTSA 2026-2027 Grant Application

Thank you for your interest in applying for a teacher grant. We look forward to reviewing your application. All grant applications need approval from the school principal. Please note all grant applications will be shared with the Board of Education and District Superintendent. If approved, we will need an itemized invoice from the vendor for payment or an itemized receipt to reimburse you.

Instructions:

- Complete, print and sign application.
- Submit your application to the school principal for approval and signature.
- Scan and email the application to presidents.dfpts@gmail.com and cc the appropriate PTSA school vp:
 - Springhurst K-2 - springhurstvp.lower.dfpts@gmail.com
 - Springhurst 3-5 - springhurstvp.upper.dfpts@gmail.com
 - Middle School - msvp.dfpts@gmail.com
 - High School - hsvp.dfpts@gmail.com
- We accept applications on a rolling basis. Last day to submit a grant application is May 31, 2027. Please allow up to two weeks to review applications. We will email the results of the review.

GENERAL INFORMATION

Applicant Name	<i>Enter name</i>
Email Address	<i>Enter email address</i>
Project Name and Start Date	<i>Enter project name and start date</i>
School and Grades Impacted	<i>Enter school and grades</i>
# of Students	<i>Enter number</i>
Grant Amount Requested	<i>Enter amount</i>
Additional funding? Please list sources and amount.	<i>Enter sources and amounts, or N/A</i>
Has the DF PTSA funded this before?	<i>Enter Yes or No</i>
If previously funded by the PTSA, please state how the project scope has changed or if the funding need has changed.	<i>Enter response, or N/A</i>

PROJECT DETAILS

Describe your project. Please be specific on the plans, supplies needed and how it will benefit students. Include how many students will benefit.
<i>Enter project description</i>
Does this project build on a former project, if so, how? Or is this a new project?
<i>Enter response</i>
Tell us how this project incorporates the district's curriculum.
<i>Enter curriculum connection</i>
How will you measure the project's success? How will you build on the project's success?
<i>Enter success measures and next steps</i>
Does your project require technology? Please share details.
<i>Enter details, or N/A</i>
Has the School Principal approved this request? <i>Enter Yes, No, or Pending</i>

BUDGET

Item	Quantity	Unit Cost	Total Cost
<i>Enter item</i>	<i>Qty</i>	<i>Unit cost</i>	<i>Total</i>
<i>Enter item</i>	<i>Qty</i>	<i>Unit cost</i>	<i>Total</i>
<i>Enter item</i>	<i>Qty</i>	<i>Unit cost</i>	<i>Total</i>

<i>Enter item</i>	<i>Qty</i>	<i>Unit cost</i>	<i>Total</i>
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<i>Enter item</i>	<i>Qty</i>	<i>Unit cost</i>	<i>Total</i>

Total amount requested: *Enter total amount*

Payment method: ☐ Pay vendor directly ☐ Reimburse applicant

Applicant Signature: *Type name or sign after printing* Date: *Enter date*

Principal Approval: *Type name or sign after printing* Date: *Enter date*

Thank you for your submission. Please allow up to 2 weeks to review your request. If you have any questions, please reach out to the school VPs or email dobbsferrypts@gmail.com.

INTERNAL OFFICE USE

- ☐ President shared with Superintendent and Board of Education President
- ☐ Vote by Executive Board; Result and Date: *Enter result and date*
- ☐ Next steps shared by VP – vote result, receipt, tax exempt form, etc.