



2025-2026 “Mini Grant” Application Form

Sometimes things come up and there is a need for a time sensitive helping hand.

The 542 Foundation offers mini grants of up to \$500 – providing access to funds that enrich educational experiences when funding is available. Send a hard copy to Principal Ryan Severson or via email to rseverson@isd542.org.

**Mini grant applications may be submitted from November 1st – March 15th.
The Grant Committee will review applications monthly.**

Project Title: _____

Contact Person: _____

Position/Title: _____

Email Address: _____

Telephone #: _____

Applicants can be any Battle Lake Public School educator: Certified, classified or administrator.

Please check:

| | |
|--|---|
| <input type="checkbox"/> Individual/Teacher | <input type="checkbox"/> Grade Level Team |
| <input type="checkbox"/> Building Level/School-wide Team | <input type="checkbox"/> District-wide Team |
| <input type="checkbox"/> Subject Area Team/Department | |

Collaborating partners (if applicable):

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Amount Requested: \$ _____

Which Foundation Focus area/areas applies to your grant? (Please check)

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Success | <input type="checkbox"/> College and Career Readiness | <input type="checkbox"/> School Wide (gym, library...) |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> STEM/STEAM | <input type="checkbox"/> Student Wellness & Mental Health | <input type="checkbox"/> The Arts |

Will the project be possible if we do not fund the project? ☐ Yes ☐ No

Approximate project date beginning and ending: _____

Project Description/Goals

Briefly describe your proposed project and why it is needed.

What are the major objectives/goals of this project?

Impact on Students

Approximately how many students will be impacted by this project?

How will the students' educational experience be enhanced, improved or changed because of this project?

Evaluation of Project

How will you evaluate the effectiveness of the project?

Budget Summary (Include itemized expenses for material/equipment)

Describe the proposed project budget. State specifically how the money will be used.

Example: List all books, equipment, materials, software to be purchased along with prices, service plan, shipping costs, etc. **Mini grants up to \$500 will be accepted. Any expenditures above \$500 must come from building funds.**

| Item Description | Quantity | Unit Price | Total Cost |
|------------------|----------|------------|------------|
| 1. | | \$ | \$ |
| 2. | | \$ | \$ |
| 3. | | \$ | \$ |
| 4. | | \$ | \$ |
| 5. | | \$ | \$ |

☐ I understand all grant fund materials become the property of the Battle Lake School District. I also understand I will be required to complete a grant assessment form at the completion of this project or by April 1st whichever is soonest. Any funding not used for this specified grant request will be returned to the foundation to fund future projects.

Shipping/handling costs:

\$ _____

Total Project Cost:

\$ _____

Applicant's signature(s): _____ Date: _____

Building administrator's signature: _____ Date: _____

FOR FOUNDATION USE ONLY: DATE APPLICATION RECEIVED: _____

APPLICATION RECEIVED BY: _____