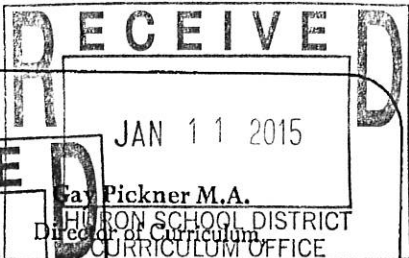


PO Box 949  
Huron, SD 57350  
605-353-6992



Gay Pickner M.A.  
HURON SCHOOL DISTRICT  
Director of Curriculum  
CURRICULUM OFFICE  
Instruction, and Assessment  
Gay.Pickner@k12.sd.us

**INTENT TO APPLY FOR GRANT FUNDING**  
**Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.**

Date: 1/11/16 Group Applying: HS Students Contact Person: Demi Moon

Name of Grant/Award: Sprint Card Funds

Name of Funder: Am Bank + Trust Contact Person: Jill Luque

Amount to be Requested: \$500 Funder's Submission Due Date: 1-4-16

Project Focus: Purchase 2 microwaves and a cart for student USE In commons.

How awarded amount received?  Full amount up front  Reimbursement

Are any follow up reports required?  Yes  No If yes, when are they due?

Is any District funding, resource, or in-kind commitment required now or in the future? Yes  No

If yes, please list by dollar amount and/or in-kind service/support. Be specific:

Please note:

- o Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- o The person or group applying will need to submit the following documentation to the curriculum and business offices:
  - o A copy of the completed grant application.
  - o If and when the grant is awarded, a copy of the award letter.
  - o If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: [Signature]  
Building/Department Administrator

Signature: [Signature] 1-11-16  
Gay Pickner, Director of Curriculum, Instruction & Assessment

Signature: [Signature] 1-11-16  
Kelly Christopherson, Business Manager

Date Presented to School Board: \_\_\_\_\_