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**Founded in 2014,** the New York State Association for Health, Physical Education, Recreation and Dance (NYS AHPERD) Foundation was established to leave a strong and secure legacy for generations of educators to come. One of the Foundation’s primary goals is to provide grant opportunities for NYS AHPERD members to inspire creativity and ingenuity.

**Founded in 1924**, NYS AHPERD continues to support professionals and future professionals in four disciplines throughout the State of New York. The association provides quality professional development, leadership opportunities and recognition of professional excellence. The Annual State Conference, zone conferences, website, and state-wide workshops offer our members curriculum, instruction and assessment resources, innovative programming, advocacy tools and networking opportunities. NYS AHPERD provides a pathway for professionals to become true leaders in our schools, communities, state, and nation.

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**Part I
GENERAL INFORMATION**

Grants must benefit New York State youth and will be awarded based upon ***need, impact, and sustainability*** at the school, recreation, or community level.  There will be a total of eleven $1,000 grants available in 2025. The Grant receiving the highest rating from the grant committee will be awarded the Past Presidents’ Foundation Grant.

**APPLICANT ELIGIBILITY**

* **APPLICANTS MUST HAVE FIVE CONSECUTIVE YEARS OF MEMBERSHIP INCLUDING THE YEAR OF APPLICATION, WHICH MAY INCLUDE A MAXIMUM OF TWO YEARS AS A FUTURE PROFESSIONAL.**
* Grants will not be awarded to NYS AHPERD Zones or Sections for NYS AHPERD sponsored events.
* Grants will be awarded to NYS AHPERD members in public or private schools and universities in New York State.
* Foundation grant recipients may reapply three years after receiving a grant (i.e. 2022 recipients may reapply in 2025).
* Grants will not be awarded for use in a school/program where the individual running that program is a non-member.
* Members may not write a grant for non-members outside their own district.

**LEGACY GRANTS**

Legacy grants are sponsored and named by an individual(s)/group or a company to be awarded to applicants using specific criteria detailed below:

**NYS AHPERD Past Presidents Legacy Grant**

Awarded to the grant applicant receiving the highest score as determined by the grant committee.

**NYS AHPERD Frank Bartok Southeastern Zone (SEZ) Legacy Grant**

Awarded to the grant applicant from the SEZ receiving the highest score as determined by the grant committee.

Should no SEZ applicant qualify the grant will be awarded to the applicant receiving the second highest score as determined by the grant committee.

**GRANT PRIORITIES**

* Programs supported by ample budgets will be considered. Priorities may be given to applications identifying high financial need.

**Grant awards will be made to the institution, recreation department, or organization with whom the applicant is affiliated.  Equipment awards shall be ordered by the NYS AHPERD office and sent directly to the recipient’s institution.**

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**ANNUAL GRANT TIMELINE:**

* Grant applications will be available in January;
* The application closing date will be **Tuesday, July 15th, 2025**;
* Grants will be awarded at the NYS AHPERD State Conference;
* Grant must be used within one-year of the award.

**GRANT FUNDING MAY BE USED FOR:**

* Program development in the areas of health, physical education, recreation, or dance;
* Equipment purchase, and/or;
* Professional training for curriculum, instruction, and/or assessment which impacts student development.  If used for training, applicant must document how the training will specifically impact student learning.

**GRANT FUNDS MAY NOT BE USED FOR:**Travel; meals; housing; conference registrations; salaries; professional memberships; incentives.

**SUBMISSION INFORMATION**

* **All information requested must be completed in order for grant to be considered;**
* **All signatures requested must be included and submitted with the grant application;**
* **Checklist at the bottom of this page must be submitted with your application;**
* Applications are to be sent electronically to the President of the NYS AHPERD Foundation Board of Trustees, Sandy Morley at foundation@nysahperd.org;
* If you have questions, call Sandy Morley at 518-527-0510.

**The following checklist will help you keep track of the steps needed to complete the grant process:**

[ ] Watched introduction video

[ ] Called Central Office to verify eligibility: (315)-823-1015 on

Date: Click or tap here to enter text.

Staff Member you spoke with: Click or tap here to enter text.

[ ] Received signatures from immediate supervisor and Organization President, CEO or Superintendent (as applicable)

**APPLICANT INFORMATION**

**Organization Contact Information**

School District (if applicable):
Click or tap here to enter text.

School Building Name (if applicable):
Click or tap here to enter text.

College/University (if applicable):
Click or tap here to enter text.

Community Organization (if applicable):

Click or tap here to enter text.

**Organization Mailing Address**

City:Click or tap here to enter text.

State:Choose an item.

Zip code:Click or tap here to enter text.

Work Phone:Click or tap here to enter text.

**Applicant Name**

Click or tap here to enter text.

NYS AHPERD Member Number:Click or tap here to enter text.

Membership Expiration Date:Click or tap here to enter text.

NYS AHPERD Zone:Choose an item.

**Applicant Contact Information**

Mailing Address:Click or tap here to enter text.

City: Click or tap here to enter text.

State: Choose an item.

Zip code:Click or tap here to enter text.

Primary Phone:Click or tap here to enter text.

Secondary Phone:Click or tap here to enter text.

Email address:Click or tap here to enter text.

**PART II**

**Please answer the following questions.**

How are you affiliated with the school district, college/university, or community organization? (teacher, volunteer, administrator, etc.)

Click or tap here to enter text.

How many years have you worked for the district or college/university or been affiliated with the community organization (paid or volunteer)?

Click or tap here to enter text.

What is the population in the building or program in which you teach/work/volunteer?

|  |  |
| --- | --- |
| How many students/ youths do YOU currently work with? | Ages of students/youth addressed in the grant?  |
| Click or tap here to enter text. | Click or tap here to enter text. |

Grade level(s) of the students/youth addressed in the grant?
Click or tap here to enter text.

If the grant will impact a specifically identified group of individuals (i.e. adapted PE), indicate that group and the number of individuals in this specified group.

Click or tap here to enter text.

Number of students who will be directly impacted by the grant?

Click or tap here to enter text.

What is your current annual program budget?

Click or tap here to enter text.

Is this program seasonal (summer, for example), school year, or year-round?

Seasonal
School Year
Year-round

Will this grant impact a NEW or EXISTING program?  NEW      EXISTING

Please explain:

   Click or tap here to enter text.

Have you received a grant from a NYS AHPERD Zone in the past THREE years?  Yes No

If so, indicate what the grant was, the award amount, and from whom.

Click or tap here to enter text.

Have you received any other grants in the past three years?  Yes No

If yes, please indicate what the grant was, the amount and from whom.

Click or tap here to enter text.

Have you received a NYS AHPERD Foundation Grant? Yes No

If so, what year?Click or tap here to enter text.

**PART III
NARRATIVE**

**Please respond in detail to the five questions below.**

1. What goals will be achieved with the purchased equipment or training; **connect your grant objectives to local, state, or national learning standards.**Click or tap here to enter text.
2. Identify rational and or needs which will be met and addressed by the grant.

Click or tap here to enter text.

1. How will the grant impact student learning?
Click or tap here to enter text.
2. Is there an evaluation tool or plan? Identify and define your evaluation process.

Click or tap here to enter text.

1. What is the sustainability of the grant in terms of years? Please be specific with this answer.

Click or tap here to enter text.

**PART IV – A**



**BUDGET EXPENDITURES FROM GOPHER (20% Discount)**

Equipment awards shall be ordered by the NYS AHPERD office and sent directly to the recipient’s institution.  Please itemize all purchases for this project.

All equipment or services to be purchased from **GOPHER** should be itemized here.

If necessary, shipping costs will be covered by the Foundation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Item including Item # from catalogue or website** | **Quantity** | **Unit Cost****(*Catalog Pricing*)** | **Total Expenditure** |
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|  |  |  |  |
|    | **Total** |   |

Please itemize all purchases for this project.

**PART IV – B**



**BUDGET EXPENDITURES FROM**

**FIT AND FUN PLAYSCAPES (15% Discount)**

Equipment awards shall be ordered by the NYS AHPERD office and sent directly to the recipient’s institution.  Please itemize all purchases for this project.

All equipment/services to be purchased from **FIT & FUN PLAYSCAPES** should be itemized here.

Shipping costs will be covered by the Foundation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Item including Item # from catalogue or website** | **Quantity** | **Unit Cost****(*Catalog Pricing*)** | **Total Expenditure** |
|  |   |   |   |
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|   |   |   |   |
|  |  |  |  |
|    | **Total** |   |

Please itemize all purchases for this project.

**PART IV – C**

**Budget Expenditures from Companies/Service Providers**

**Other than GOPHER or FIT & FUN PLAYSCAPES**

Equipment awards shall be ordered by the NYS AHPERD office and sent

directly to the recipient’s institution.

If necessary, shipping costs will be covered by the Foundation.

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| --- |
| All equipment or services to be purchased should be itemized here.If using a service provider for training provide the complete contact information as well as website, if appropriate.  |
| **Vendor Name****Address and phone and web site** | **Description of Item including item # from catalogue or website** | **Quantity** | **Unit Cost** | **Total Expenditure** |
|   |   |   |   |   |
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|   |   |   |   |   |
|     | **Total** |   |

Please itemize all purchases for this project.

**PART V
SIGNATURES**

Grant application must be signed and dated by the grant applicant, the immediate supervisor **and** Organization President, CEO, or Superintendent

**Grant Applicant**

Name:

Signature:

Date:

**Immediate Supervisor**

Name: (Please Print)     Title:

Signature:         Date:

Office Phone:       Email:

**Organization President, CEO or Superintendent (as applicable)**

Name: (Please Print)     Title:

Signature:         Date:

Office Phone:       Email: