

# FARWELL ISD EDUCATION FOUNDATION GRANT APPLICATION INFORMATION

Submission Date: \_\_\_\_\_ By Time \_\_\_\_\_

Maximum Grant Award \$500

## INSTRUCTIONS FOR APPLYING FOR A GRANT:

1. All projects should be planned for implementation during the \_\_\_\_\_ school year.
2. Projects should focus on improving student achievement.
3. The Education Foundation Grant **WILL NOT FUND:**
  - a. Items normally supplied by the district
  - b. Food or Refreshments
  - c. Sports Equipment
4. Grant proposals without Administrator comments will not be considered.
5. The Education Foundation reserves the right to partially fund grant proposals.
6. Total request should include shipping and handling.
7. All technology proposals **MUST** have been approved by: **Kathy Curtis**

## Foundation Grant Evaluation Rubric Categories:

\*Meets grant requirements as outlined. If not, will not be considered

\*Improving Student Achievement 0-20 points

\*Innovation 0-30 points

\*Value of project to students 0-10 points

\*Number of Students Impacted 0-10 points

## APPLICATION FORM

**PROJECT TITLE:**

**CAMPUS:**

**APPLICANT NAME:**

**PROJECT DESCRIPTION:** Give a brief description of your proposal. Include the target group (students, teachers). Describe the activity in which the target group will be engaged. How is the project innovative, a new method of doing things, a change from regular instruction?

**NEED FOR THIS PROJECT:** Explain the process used and data examined to determine the merits of this project.

**WHAT IS THE APPROXIMATE NUMBER OF STUDENTS THAT WILL BE IMPACTED BY THE PROJECT:** \_\_\_\_\_

**ANTICIPATED PROJECT OUTCOMES:**

**EXPLAIN HOW THE PROJECT FITS WITH AND ENHANCES THE ADOPTED CURRICULUM:**

**PROJECT ANTICIPATED BEGIN DATE:** \_\_\_\_\_

**PROJECT DURATION:** \_\_\_\_\_

Note: All recipients are required to complete and end-of-the year evaluation on the grant's effectiveness. Forms will be sent to the recipient's near the end of the spring semester.

**ALL GRANT FUNDS MUST BE SPENT BY:** \_\_\_\_\_

**PROJECT BUDGET**

|  |  |                     | TOTAL COST |
|--|--|---------------------|------------|
|  |  |                     | \$         |
|  |  | <b>SUB TOTAL</b>    |            |
|  |  | shipping & handling |            |
|  |  |                     | \$         |

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## APPROVAL DOCUMENT

### TECHNOLOGY APPROVAL

If requesting Technology, approval of District Technology Coordinator:

Signature of Technology Coordinator \_\_\_\_\_

### ADMINISTRATOR'S INPUT:

*This grant will not be considered without a building Administrator responding to the following:*

Do you recommend the proposal to be approved?

If technology items are requested, will they be appropriate for your building?

Are these items normally supplied by the district?

Signature of Administrator: \_\_\_\_\_