



Spring ISD Education Foundation 2017-18 Grant Application

COVER PAGE PART 1

Check all applicable content area(s)

- English/Language Arts
- Mathematics
- Bilingual/ESL/LOTE
- Performing & Visual Arts
- Science
- Social Studies
- Athletics/PE
- Instructional Technology
- Career & Technology Education
- Health/Wellness
- Special Education

Type of grant: ___Teacher ___Campus ___Multi-Campus

Project Title: _____

Amount Requested for Grant: \$_____

FOR OFFICE USE ONLY

Grant Number: _____

Date Received: _____

___ This application is for a new project (Creative & Innovative proposals receive priority)

___ This application is for a project that replicates a previously funded project

Name(s) and signature(s) of all applicants associated with this grant application. The individual on the first line will be the primary point of contact for all communication purposes.

(Print Name)

(Signature)

School(s): _____

Grade(s): _____

Subject(s): _____

Estimated number of participants:

_____ students (target group: _____)

_____ teachers

_____ parents

Implementation dates: _____

Signature of Principal: _____

Date: _____

Abstract (2 or 3 sentence summary without rationale)

On typed, 8 1/2 x 11 pages, complete the following information. Type each heading and section in the order it is in below. Failure to complete any section of the application will result in points being deducted. Complete the cover page with all necessary signatures and complete the checklist of content area(s). Itemize the budget on the last page (including shipping). Principals must complete and sign the Education Foundation Grant Review Form for principals.

PART 2

PURPOSE: What will happen as a result of this project? What is the goal of the project? The purpose should be stated specifically, clearly and briefly.

PART 3

RATIONALE:

A. Explain specifically how you know there is a need for this project -- use research data, educational results, test scores, discrepancies in ability and performance, to make a case for why this project is needed for the specific students you will serve. Data must be related to the people to be involved. If it works, how will things be better?

B. If this proposal replicates a previously funded project at your school or a different school, please explain success of that project and also give clear details how this new proposal will amend, enhance or enrich the previously funded grant.

PART 4

OBJECTIVES: List the outcomes the project should produce in a measurable way, i.e., 75% of students involved in the project will ... ; 50% of students participating will ... ; every child involved will ... ; reading test scores of students involved will increase by ... ; at least 15 parents will read 15 minutes per day with their child. These are the criteria for accomplishment of the project - how you will know whether you did what you said you would do.

PART 5

DESCRIPTION: Be sure to answer each of the following questions in the description.

Who will conduct the project? Who will be included in the project? Include grade level/age(s)/subject area/parents, etc. How many students will participate? How will students be selected to participate? What is the timeline/schedule of the project? Is there a daily schedule/weekly schedule? When and where will the project take place? Describe in detail the activities to be conducted. What materials will be used in the project or activities? What school, staff, volunteer, parent or partnership resources are available to help support the project?

PART 6

EVALUATION PROCEDURES: Refer to each objective listed in PART 4 and specify how each will be measured to determine if the objective was met totally, partially or not at all. Indicate what instruments, if any, will be used, comparisons, pre and post-tests, that are appropriate for the objective.

PART 7

BUDGET: (INCLUDE SHIPPING AND HANDLING)

No funds will be awarded for substitute pay or after-school tutoring

Use Spring ISD approved vendors for quotes whenever possible

ITEMS TO BE PURCHASED	QUANTITY	UNIT PRICE	VENDOR	TOTAL

BUDGET TOTAL: \$ _____

Submit completed application to:
Spring ISD Education Foundation
16717 Ella Blvd., Houston, TX 77090
281-891-6012 / 281-891-6338 FAX

**SPRING ISD EDUCATION FOUNDATION
GRANT REVIEW FORM FOR PRINCIPALS**

Dear Principal,

Please read the grant application being submitted to the Spring ISD Education Foundation by teachers on your staff and complete a separate review form for each application. Your comments are an important tool used in evaluating the worth of this proposal.

GRANT NAME _____

CAMPUS _____

1. Do you consider this project to be *creative and innovative* for your campus? Yes No
a. Please explain why: _____

2. Are you aware of similar projects being conducted on your campus? Yes No
a. Or at other locations? Yes No
b. Please describe: _____

c. If yes, then how does this grant differ? _____

3. Is this project feasible as described in the written application? Yes No
If not, explain _____

4. Are you aware of other resources of funding available for this project? Yes No
If so, what are they? _____

5. Are any of the materials requested already available on your campus? Yes No
If so, please list: _____

6. Recommendations for strengthening the proposal: _____

7. I have discussed the above recommendations with the grant applicant. Yes No

8. Comments: _____

I RECOMMEND THE FUNDING OF THIS GRANT:

_____ *Signature of Principal*