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| **APPLICANT INFORMATION** | | | |
| **School Name:** |  | **School Principal:** |  |
| **Primary Contact/Grant Writer’s Name:** |  | **Telephone Number:** |  |
| **Technology Hardware/Software Requested** | ☐ Yes ☐ No | **This project is:**  ☐ New to the campus ☐ New to me  ☐ New to my district | |
| **Campus Level:** | **☐** Grades Pre-K ☐ Grades 1-2 ☐ Grades 3-4  ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-12 | | |

Contact names for each campus and administrator who will be responsible for managing, implementing, and or coordinating and aspect of the grant activities are required. Listed collaborators acknowledge their roles in writing this grant **and** implementation, if awarded. ***Add additional lines by hitting “Tab” after completing the Telephone No.***

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| **Other Collaborating Campuses** | **Principal Name** | **Contact/Coord. Name** | **Telephone No.** |
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In signing this Grant application, I am certifying that this project will be a good use of funds for our school or department. **As principal, I also agree to retain a filed reference copy of this grant on campus for program auditing purposes.**

**Principal’s Signature:**       **Date:**

**Director of Technology:** **Date:**

*Required when funds will be used to purchase technology and/or media equipment*

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| **PROJECT INFORMATION** | | | |
| **Project Title: (Do not use campus name or grade level in the project title.)** |  | | |
| **Amount $:** |  | | |
| **Estimated Number of Participant Impacts During 2018-2019 Grant Period** | Students: | Teachers: | Parents/Volunteers: |
| **Type in the primary and secondary content area(s) listed below that most accurately defines your project.** | Primary Area: | Secondary Area: | This project is:  ☐New to my campus  ☐New to the district  ☐New to me |
| |  |  |  | | --- | --- | --- | | * STEM * CTE (Career Tech) * Dual Language/Foreign Language * Bilingual/ESL * Special Education * District-Wide Initiative * Computer Technology | * Reading/Literacy * Math/Science * Social Studies/Geography/Economics * Fine Arts * Counseling | * Parent and Community Engagement * At-risk students Leadership/Staff Training * PE, Health and Safety * Other (Please describe) | |  |  |  | | | | |
| **Has this project been funded before: ☐ Yes ☐ No**  **If yes, please briefly explain the project’s impact below.** | | | |

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| **PROJECT DESCRIPTION:**  **Statement of Need:** Provide a thorough description of the needs this project will address. Be sure to use any demographic, academic, survey, or historical data to support the issue at hand and why it needs to be addressed at this time. Also, include the target population, number of beneficiaries, and a clear picture of how things at the present state are in need of change.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Project Design:** What will your project do to impact student learning? What activities to you plan to implement with grant funds? Where will activities happen? How many students? Specifically, how will your project improve, advance or enrich student learning? How does this project support the district and/or your campus improvement plan? Include research as support for why you want to implement this project. |

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| **PROJECT OBJECTIVES/ EVALUATION MEASURES: Objectives of the Grant**  List with bullets or numbers the Goals/SMART objectives-- measurable terms-- you want to accomplish with this project. Indicators of Success are per objective and will be how you will measure this objective to know if you met it. | |
| **Objectives of the Grant** | **Indicators of Success** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

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| **Evaluation Strategy:** Describe how you will know if your objectives are met. How will you share your program’s successes with your peers? |
| **Partners:** Identify any school and/or community partners involved in the project and their respective roles. |
| **Sustainability:** If funded, how will you continue the program/project in the future? What will be the recurring costs? How will this program/project be funded in the future? |

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| **BUDGET NARRATIVE** Explain any amounts within the budget that are not itemized (large amount) or obvious as an expense to a reviewer reading the other portions of the grant. If partial funding can be accepted, include the least amount that can be accepted to implement the project. Explain how the project can be adapted if partially funded. |
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| **PROPOSED BUDGET – DETAIL** List detailed information on how the grant funds will be spent. DO NOT guess at prices. Please research what the actual cost will be for each budget item. Don't forget to include shipping and handling costs. Do not include technology in the budget that has not been cleared by the Gonzales ISD Technology Dept. Also, contact the Purchasing Department to see if the district has a vendor that can provide the items requested at bid price. District approved bid prices will help you estimate items you need with reliable costs. Please round off to dollars. Be sure to allow for unexpected costs, such as shipping, price increases and substitutions for discontinued items. You can budget for this as miscellaneous supplies. ***Add additional lines by hitting “Tab” after completing the Total Cost.*** | | | | | |
| Item | Purpose | Vendor | Estimated Cost | Quantity | Total Cost |
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