



Grant Number \_\_\_\_\_  
(for office use only)

## GRANT APPLICATION

There is a **\$2000.00 maximum** on all grants  
Any grant requests for amounts over this will be rejected

*Grant Applications should be hand delivered to Judith Saxton at the MPISD Foundation  
Office by **April 4, 2016.***

*If you have any questions please call Judith Saxton at (903) 575-2000 ext. 1821.*

Project Title \_\_\_\_\_ Date Submitted \_\_\_\_\_

Primary Grant Writer \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

School(s) \_\_\_\_\_

Subject(s) \_\_\_\_\_

Grade(s) Participating in Grant \_\_\_\_\_

Projected number of students impacted by grant project? \_\_\_\_\_

Implementation Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Total dollar amount requested \_\_\_\_\_ Are there additional funding sources?  No  Yes  
If "yes", please explain \_\_\_\_\_

If this grant were to be partially funded, please explain what items are crucial to your project: (Ex. If asking for 15 sets of something, but even one set would help, let us know that. We may be able to fund one set per application cycle).

\_\_\_\_\_  
\_\_\_\_\_

Application Narrative: (Please give a brief description of your project.)

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1. **Need and Purpose:** (What is the need for this money, how will the project be implemented, and what are your objectives? Please also tell us the number of students/teachers impacted. Include any research that supports the need for this project.)

2. **Description of Instructional Procedures:** (Describe proposed activities and tasks. Provide detail so that the review committee can distinguish innovative ideas.)

3. **Timeline:** (Provide a start and end timeline and the amount of time it will take to complete your project).

4. **Evaluation:** (Describe how you will measure the success of your project. What methods of evaluation will be used? What tools will be used to determine project effectiveness?)

5. **Innovation:** (Is this project Innovative? If not, please skip this section)

6. **Identify any relevant community/school/parents/business partners involved in the project and their role(s):** (There does not have to be a school or community partner. However, bonus points are awarded for having a project that involves more community/school partners)

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**7. Budget:** How will the funds be used?

**Please rank your items in order of need. Please separate crucial items from bonus items, and if this is partially funded, please separate to show how that could be accomplished:**

Item	Supplier	Cost/Item	Total

If this project includes a technology component (buying i-pads, projectors, software, TV's etc.), **the principal is to contact the District Technology director** and confirm if there are any warranties required by the district, and if this project is feasible.

**READ CAREFULLY BEFORE SIGNING:**

I \_\_\_\_\_ approve this grant application, and confirm that if this project includes a technology component, that I have spoken with the district technology director and all requirements he has required are included in this application and he has confirmed that this project is feasible.

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

District Facilities Services \_\_\_\_\_ Date \_\_\_\_\_  
(needed only if grant request seeks to modify a Mount Pleasant ISD facility or structure, impact on-going maintenance from the district or impact utilities)