



For Office Use Only
Grant #
Date Received

COLLABORATIVE GRANT APPLICATION COVERSHEET

The Terrell ISD Excellence Foundation believes that investing directly in teachers and District administrators is one of the best ways for Terrell to improve student learning. In keeping with the goals of TISD, the Collaborative Grant provides Terrell ISD teachers with resources to enrich the academic environment and learning experiences of their students. *(enter text in boxes)*

Project Title: _____ Amount Requested: _____

Participating School(s): _____

Project Leader Name: _____

Project Leader Title and Campus: _____

Project Leader Phone: _____ Email: _____

I understand that all items purchased with grant funds from the TISD Excellence Foundation become the property of TISD.

Project Leader Signature: _____

As Administrator, I have reviewed this application and certify that it supports the district and/or campus goals. I believe that this project would be a good use of TISD Excellence Foundation's funds. I will help to ensure that the goals and objectives of this project are met.

Principal or Administrator Signature

Please list all key employees involved in this project with their signatures.

Typed Name: _____
Signature

Title & School: _____

Typed Name: _____
Signature

Title & School: _____

Typed Name: _____
Signature

Title & School: _____

Typed Name: _____
Signature

Title & School: _____

Title of Grant:

PROJECT OVERVIEW

Please submit the cover sheet and the grant application (cover sheet, project overview, project detail, and budget page). To ensure anonymity please do not include your name in the body of your application.

(Highlight text in gray box and enter text. Click on gray box to select.)

Project Title:							
Project Timeframe:							
	<input type="checkbox"/> Full Year 20 - 20	<input type="checkbox"/> Fall 20	<input type="checkbox"/> Spring 20	<input type="checkbox"/> Summer 20			
Content Area:	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> ELA	<input type="checkbox"/> History	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> CTE	<input type="checkbox"/> Other
Project Involves:	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> GT	<input type="checkbox"/> Special Campus		
Start Date:							End Date:

Project Summary: (Please be concise.)

PROJECT DETAIL

State what specific need the project addresses. Is there a target population? How is it related to campus and/or district goals?

What will be gained as a result of your project?

Describe the activities and tasks involved to achieve the outcomes described above.

How will you measure the success of your project? Data can be quantitative and/or qualitative.

Project Timeline

Provide a timeline for your project. Be sure to include all phases including planning through evaluation with dates that are attainable.	
DATE:	ACTIVITY:

BUDGET REQUEST

Enter text in gray boxes.

Item	Category (i.e. books, equipment, software)	Can be reused Yes/No	Price	Qty	Total Cost
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Shipping:					\$
Total Amount:					\$

Number of students who will be directly impacted by this grant:

TECHNOLOGY SIGNATURE (if applicable)

Technology Director Signature