



For Office Use Only	
Grant #	
Date Received	

COLLABORATIVE 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 Principal, 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 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:

PROJECT OVERVIEW

Please submit the cover sheet and five copies of the 4 requested pages (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.

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.

Total Number of Students impacted by this grant:

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

Project/Budget Approval:

Administrator Signature

Technology Director Signature (if applicable)