



GRANT APPLICATION

There is a \$2,000.00 maximum on all grants
Any grant requests for amounts over this will be rejected

*Grant Applications must be received at the MPISD Foundation Office
by 4 p.m. on Friday, February 22, 2019.*

If you have any questions, please call Dr. 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 _____

Do you presently donate to the MPISD Foundation? Yes No

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)

Grant Number _____
(for office use only)

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Project Title _____

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.)

Grant Number _____
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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.)

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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?)

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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.