**Intent to Apply**

Discretionary Grants

**Grant Project Summary**

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| --- | --- | --- |
| **Campus, Program, or Department** | **Funding Source** | **Date Form Completed** |
| **Principal or Administrative Supervisor** | **Funding Source Website** | **Grant Period** |
| **Project Title** | **Project Point of contact (Project POC)** | **Funder’s Application Deadline** |
| **Amount Requested** | **Grant Point of contact**  **(Will Be Assigned) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Internal Deadline**  **(Will Be Assigned) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Physical Site(s) Involved** | **GMD Level of Assistance (Select one)**  **Level I** (Up to $25,000) **Level II** (Over $25,000) | |

**Project Description & Potential Impact on Students**

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| --- | --- |
| **Project Description & Summary of Costs/Budget** | |
| **Target Population** | **# Students Served by Project** |
| **Potential Impact on Target Population: Detail Any Connection to TEKS** | |
| **Explain how this project fits your Campus Improvement Plan** | |

**Project Impact on Campus / District**

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| **Funding Source Reporting Requirements (e.g., Quarterly, Annually)** |
| **# of Campus Staff Participating: Job Titles/Job Duties** |
| |  |  |  |  | | --- | --- | --- | --- | |  | |  |  | |  | **Does the implementation of this grant:** | **Select one** | **If “YES” is selected, please provide an explanation** | | **STAFFING** | Pull any existing staff from primary duties? | ⃝ Yes ⃝ No |  | | Cover any existing salary costs? | ⃝ Yes ⃝ No |  | | Require additional staff to be hired? | ⃝ Yes ⃝ No |  | | Cover any additional staff salary costs? | ⃝ Yes ⃝ No |  | | Involve hiring substitutes? | ⃝ Yes ⃝ No |  | | Cover the cost for substitutes? | ⃝ Yes ⃝ No |  | | **TRAINING** | Require additional staff training? | ⃝ Yes ⃝ No |  | | Cover the cost for training? | ⃝ Yes ⃝ No |  | | **TRAVEL** | Involve travel expenses? | ⃝ Yes ⃝ No |  | | Cover the costs for travel? | ⃝ Yes ⃝ No |  | | **OTHER** | Require matching funds? | ⃝ Yes ⃝ No |  | | Require Letters of Support? | ⃝ Yes ⃝ No |  | |

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| Principal or Administrative Supervisor | Date | Sheryl Davis Date  Assistant Superintendent of Finance |
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**Administrative Approval**