

Spring Branch Education Foundation Grant Application Cover Sheet 2019-2020

Date: _____ Amount of Proposal/ Request: \$ _____
(Maximum Grant Request for individual campuses cannot exceed \$5000.00)

Campus/Dept. applying for funding: _____

Campus/Dept. Contact: _____ Contact Phone No.: _____

Address of Campus/Department: _____

Campus Principal/Department Manager's Name: _____

Phone: _____ Fax: _____ Email: _____

Title/Name of Proposal/Grant: _____

Date funding is needed (ex. August 1, 2020): _____

Program start/end dates: **Start Date:** _____ **End Date:** _____

Grade level(s) of students to be served: _____ Number of students to be served: _____

Project Director(s) Name: _____

Project Director(s) Title: _____ Location: _____

Project Director(s) Phone: _____ Fax: _____ Email: _____

Project Director's Signature: _____

Total Budget (if different from above): \$ _____

- _____ Approval of grant proposal by Campus Principal/Department Manager. Signature of approval is required.
- _____ Approval of grant proposal by Kristin Craft, Associate Superintendent of Academics. Signature of approval is required.
- _____ Approval of grant proposal by Christina Masick, Associate Superintendent of Technology Services. Signature is required if your proposal involves technology, that is ANYTHING involving the purchase, acceptance of a donation or use of hardware or software and impacting campus capacity, system access, purchases, training, materials, maintenance, upgrades, consultant services etc. E-mail Christina to see if you need to meet with her and/or her staff before obtaining her signature.
- _____ Approval of grant proposal by Travis Stanford, Associate Superintendent of Operations. Signature is required if your proposal involves campus alterations and campus additions, that is ANYTHING involving the enhancement of campus grounds or campus buildings. E-mail operations to see if you need to meet with the staff before obtaining a signature.

Summary Description of Grant Application: Please summarize the motivation for your grant-funded program and the impact it is expected to have on the students it will serve.

**PLEASE SUBMIT ORIGINAL AND 25 COPIES OF YOUR APPLICATION TO
SPRING BRANCH EDUCATION FOUNDATION
955 Campbell Rd., Suite206
Houston, TX 77024
DUE FEBRUARY 28, 2020 BY 4:00 PM**

Spring Branch Education Foundation

Grant Application

Project Title: _____

Grant No.: _____

How is the grant aligned with the district's goal of T-2-4 and what district core values will it support?

(District goals: *Every Child*-we put students at the heart of everything we do, *Collaborative Spirit*-we believe in each other and find joy in our work, *Collective Greatness*-we, as a community, leverage our individual strengths to reach challenging goals *Limitless Curiosity*-we never stop learning and growing, *Moral Compass*-we are guided by strong character, ethics and integrity.)

Please provide background information on the need for this grant?

What is the primary objective of the grant project and what impact is it expected to have?

What methods, techniques, procedures are to be used in the program?

Please list the materials that will be needed.

What measured results and/or feedback will be collected to demonstrate the funded-program's impact on students?

What is the projected timetable of the project? (Including: start date, end date, key milestones in fulfilling project objectives) Plans of project continuation after this funding (if applicable)

Itemized budget for the project and budget justification for each line item - Expense projections over time, funding from other sources, if applicable.

<i>Name of Project</i> <i>Itemized Budget and Justification</i>		
**PERSONNEL	AMOUNT	JUSTIFICATION
Project Administrator		
Project Secretary		
Other Personnel		
Stipends/Extra Duty Pay		
Subs		Certified Teacher Sub Rate: \$95/day; Non-certified teacher sub rate: \$75/day; Clerks & TA's Rate: \$55/day
TOTAL PERSONNEL		
FRINGE	AMOUNT	JUSTIFICATION
Project Administrator		Fringe Benefits are calculated at the district rate of 16.85%, which includes, Teacher Retirement System (TRS), Insurance, and Medicare
Project Secretary		
Other Personnel		
Stipends/Extra Duty Pay		1.45% for Medicare for employees paid an hourly wage; 7% for TRS (Teacher Retirement System)
Subs		1.45% for Medicare for subs
TOTAL FRINGE		
TRAVEL	AMOUNT	JUSTIFICATION
Professional Development Conference including registration and all travel expenses		State rate is \$85/night plus tax (No state tax allowed in Texas) + Local rate is up to \$35/day for meals; Receipts are required for all meals, no tips are reimbursable. Charge slips are not considered receipts.
Local Mileage		44.5¢/mile
TOTAL TRAVEL		
MATERIAL/SUPPLIES	AMOUNT	JUSTIFICATION
General Office Supplies, postage, copy charges		
Instructional Supplies		
*Software		
TOTAL MATERIALS/SUPPLIES		
CONTRACTUAL	AMOUNT	JUSTIFICATION
Outside Consultant		
Evaluator		
TOTAL CONTRACTUAL		
EQUIPMENT	AMOUNT	JUSTIFICATION
**Computers, printers, etc.		
TOTAL EQUIPMENT		
OTHER	AMOUNT	JUSTIFICATION
Field Trips		
Transportation		
Awards/Incentives		
Outsource Printing		
Snacks		
TOTAL OTHER		
TOTAL PROGRAM		