

Brownsville Independent School District Grants Department

PHONE: 956.698.1478 FAX: 956.548.8229

Received by
Grants on:

Intent to Apply for a Grant Form

Please print legibly and/or complete electronically. In order to ensure the appropriate administrators are advised and have sufficient time to consider this request, all locations must submit this form to the Grants Department **no less than six weeks** prior to actual grant application deadline.

Campus/Department:					
Contact Person/s:					
Telephone/Email:					
Grant/Project Name:					
External Funding Source: <i>(The Organization/entity that will fund this grant/project.)</i>					
Population Directly Served By Proposed Project: <i>(Include student #s and rationale for selection)</i>					
Deadline for Submission:					
Anticipated Amount of Grant Request:	\$				
Total Projected Budget: <i>(Including local match as appropriate.)</i>	\$				
Other Anticipated Sources of Funding: <i>(Check all that apply)</i> <small>*Cash matching in excess of 5k but below 25k requires the approval of the CFO and the Superintendent of Schools prior to submission. Cash matching in excess of 25k requires Board approval prior to submission.</small>	<input type="checkbox"/> BISD In-Kind Matching (i.e. shared personnel, shared facilities, shared materials, and/or shared services already in place and/or in District budget): <input type="checkbox"/> BISD Cash Matching* (i.e. district/school allocation of funds for this project): <input type="checkbox"/> Other grants (i.e. other funding source/s and their respective amounts):				
Briefly describe your project and how these funds will benefit your location and/or students. <i>(You may attach up to two additional pages.)</i> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>					
Please list the Board Goals, District Goals, and/or Location Goals that support and/or are related to this request.					
Board		District		Location	
Board		District		Location	
Board		District		Location	

Administrative Approvals:

I certify that the information provided herein meets the district's guidelines and accurately reflects the planned grant application:

Campus/District Administrator Signature: _____ Date: _____

I have reviewed this Intent to Apply for a Grant form and have verified/approved the appropriateness of the budgetary commitments:

Special Programs/Finance Administrator Signature: _____ Date: _____

I have reviewed this Intent to Apply for a Grant form and give my consent to proceed:

Area Assistant Superintendent Signature: _____ Date: _____

I have reviewed this Intent to Apply for a Grant form and give my consent to proceed:

Assistant Superintendent for C&I Signature: _____ Date: _____