TEXARKANA
Independent School District

Permission to Apply for Grants

If you wish to apply for a grant in any amount, please email the completed Permission to Apply form at least **THIRTY (30)** business days before the funder deadline to grants@txkisd.net. If approved, the application must be reviewed and authorized before submission to the funder.

IMPORTANT NOTICE:

1) A grant offer and acceptance is a contractual agreement between the funder and the grantee (teacher, school, department or district). The agreement should not be entered without prior approval, which may include Texarkana ISD general counsel.
2) **Materials awarded through a grant are the property of Texarkana ISD** and are to be used by the teacher/program for which they were intended. All materials will remain at the awarded campus after the grant ends.

Applicant Information	
Name/Title:	**School/Department:**
Telephone:	**Email:**

Program Information		
Grant Title:		
Name of Funder:	**Funder Deadline:**	
Funder Website:	**Grant Start Date:**	**End Date:**
Grades Served:	**Number served:**	
External Partners:	**Participating Campuses:**	
Does your proposal require technology/software? *If yes, attach email approval from Technology Services ☐ Yes ☐ No	**Does your proposal require hiring additional employees?** ☐ Yes ☐ No	**Does your proposal require facility construction or renovating?** ☐ Yes ☐ No

Focus Area and Activity of the Proposed Project (check all that apply)

☐ Reading Lit. ☐ Out-of-school Activities ☐ Technology ☐ Fine Arts ☐ Math ☐ STEM ☐ Science
☐ Family Engmt. ☐ Bilingual Education ☐ Prof. Dev. ☐ Basic Needs ☐ History ☐ SpEd ☐ General Academic
☐ School Safety ☐ Health ☐ Other: _____

Alignment with Texarkana ISD Strategic Priorities: (check all that apply)

☐ Academic Achievement ☐ Learning Envir. ☐ Social Emotional ☐ Parent Engagement ☐ Technology ☐ HR

Budget Information

Anticipated Budget Request Amount: $_____

Are Matching Funds Required? ☐ Yes ☐ No **Percentage of Matching Funds Required:** _____%

Principal/Department Administrator Signature: _____ Date: _____