

Spring Branch Education Foundation
Grant Application Cover Sheet
Spring 2011

Date: _____ Campus/Dept. applying for funding: _____

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

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

Address of Campus/Department _____

Title / Name of Proposal / Grant: _____

Date funding is needed (ex: January 1, 2010): _____

Program start / end dates: Start date: _____ End date: _____

Project Director(s) Name: _____

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

Project Director(s) Title: _____ Location _____

Project Director's Signature: _____

Total Budget (if different from above) \$ _____

Building Principal/ Department Manager's Name: _____

Phone: _____ Fax: _____ Email: _____

→ _____ Approval of grant proposal by Building Principal/Department Manager. Signature of approval is required.

→ _____ Approval of grant proposal by Jennifer Blaine, Associate Superintendent for Curriculum & Instruction. Signature of approval is required.

→ _____ Approval of grant proposal by Chief Information Officer. CIO's 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 CIO to see if you need to meet with him and/or his staff before obtaining his signature.

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

Summary Description of Grant Application – The summary provides an introductory overview of the grant application in 150 words or less, highlighting its purpose, methods or procedures, and the expected benefits or results.

PLEASE SUBMIT ORIGINAL AND 20 COPIES OF YOUR APPLICATION TO
SPRING BRANCH EDUCATION FOUNDATION
955 Campbell Rd., Suite 206
Houston, TX 77024

Spring Branch Education Foundation

Grant Application

Project Title: _____

Grant No. _____

Purpose: What is to be accomplished?

Statement of Need and Background Information:

Project Goal(s) and Objectives:

Methods, techniques, procedures to be used in the program:

Timetable for completion; Plans of project continuation after this funding (if applicable):

Materials needed:

Anticipated benefits to students, teachers, programs, curriculum teaching methods and/or the Spring Branch Independent School District:

Plan for Evaluation and Follow-up: - This plan should include the standards of measurement to be used to determine if goal(s) have been achieved and a timeline for assessment of results.

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

Name of Project		
Itemized Budget and Justification		
**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		