

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
FUND APPLICATION QUESTIONNAIRE

Date: _____

Amount of Proposal/Request: \$ _____

Date funding is needed (ex: January 1, 2015): _____

Date Program is to begin (ex: January 15, 2015): _____

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

Building Principal/ Department Manager's Name: _____

Phone: _____ Fax: _____

→ _____ Approval of fund development request and/or grant proposal intentions by Building Principal/Department Manager. Signature of approval is required.

→ _____ Approval of fund development request and/or grant proposal intentions by Jennifer Blaine, Associate Superintendent for Curriculum & Instruction. Signature of approval is required.

→ _____ Approval of fund development request and/or grant proposal intentions by Venu Rao, Chief Information Officer. His 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 Venu Rao to see if you need to meet with him and/or his staff before obtaining his signature.

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Please complete the following in full before submitting your request to Julie Hodson, Director for Grants. She will seek Development Team approval for you. If assistance is needed in completing the form, please contact her via e-mail.

1) Title / Name of Proposal / Grant: _____

2) Proposal Deadline (if known): _____(date)

3) Company / Foundation / Individual from which you are requesting funding (if known):
Does this funding source require you to raise "matching" funds to receive their assistance? Yes / No If yes, how much? _____

_____ *Company/Foundation Name* _____ *Contact Name*

_____ *Address* _____ *City/State* _____ *Zip*

4) Description of program needing funding: _____

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

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

7) Stated outcome or goal (s) of program: _____

8) District objective (s) or goal (s) this program will address: _____

Please note: *This is a one size fits all form. If a particular request for information does not fit your situation, please leave it blank.*

| <i>Name of Project</i> Itemized Budget and Justification | | |
|------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | YEAR I | |
| **PERSONNEL | AMOUNT | JUSTIFICATION |
| Project Administrator | | |
| Project Secretary | | |
| Other Personnel | | |
| Stipends/Extra Duty Pay | | |
| Subs | | Certified Teacher Sub Rate: \$100/day; Non-certified teacher sub rate: \$90/day; Clerks & TA's Rate: \$55/day |
| TOTAL PERSONNEL | | |
| FRINGE | AMOUNT | JUSTIFICATION |
| Project Administrator | | Fringe Benefits are calculated at the district rate of 18.219%, which includes 1.45% for 6141 Medicare, 8% for 6142 Insurance, 0.639% for 6143 Workers Comp. and 7.55% for 6146 Teacher Retirement System (TRS) These are estimates for maximum costs. When funded, find out actual per person rates and adjust your budget accordingly. |
| Project Secretary | | |
| Other Personnel | | |
| Stipends/Extra Duty Pay | | For extra duty pay, budget 10.219% for fringe benefits: 1.45% for 6141, Medicare, 0.639% for 6143 Workers Comp. and 8.13% for 6146 TRS, For employees paid an hourly wage, budget time and a half for hours worked over 40 within a week. |
| Subs | | 1.45% for 6141 Medicare and 0.639% for 6143 workers comp. |
| 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; With state and federal grants receipts are required, no tips are reimbursable. Charge slips are not considered receipts. |
| Local Mileage | | 50¢/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 | | |

*Note: Planned technology purchases must be in alignment with the Technology Department's Buyer's Guide.

**Note: Position titles and salaries must in alignment with the current SBISD practices.