

Spring Branch Education Foundation Grant Application Cover Sheet

Date: _____

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

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

Address of Campus/Department _____

Title / Name of Proposal / Grant: _____

Date funding is needed (ex: January 1, 2007): _____

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		