**2022-23 - Campus Grant**

**Grant Title:** Click here to enter text.

**Campus(s):** Click here to enter text.

|  |  |
| --- | --- |
| **Print Name**  | **Title**  |
| **1.** Click here to enter text. | Click here to enter text. |
| **2.** Click here to enter text. | Click here to enter text. |
| **3.** Click here to enter text. | Click here to enter text. |
| **4.** Click here to enter text. | Click here to enter text. |
| **5.** Click here to enter text. | Click here to enter text. |

☐ By checking this box, I/we acknowledge that I/we have read and understand the Pflugerville Education

 Foundation’s grant Description and Criteria.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Signature -1 | Applicant Signature- 2 | Applicant Signature- 3 | Applicant Signature- 4 | Applicant Signature -5  |
|  |  |  |  |  |

All participants listed on this application are required to sign original hardcopy submitted

NOTE: Applications requiring software/hardware purchases must include **written** approval from Technology.

**2022-23 Campus Grant**

PEF OFFICE USES ONLY:

|  |  |  |
| --- | --- | --- |
| Grant Title | Grant Number | Approval  |
|  |  |  |

**GRANT DEADLINE: May 31, 2022**

 ☐Technology Approval Attached by checking the box, I/we certify I/we have attached the approval form

 **Form due to technology department by 5-20-2022**

|  |
| --- |
| **INFORMATION** |
| **Program/Project Title:** Click here to enter text.*Do not mention school name in title or body of proposal***Amount (must match Budget sheet): $**Click here to enter text.**Grade(s):** Click here to enter text.**Number of School(s) involved:** Click here to enter text.**Estimated Number of Participants:**Students: Click here to enter text. Teachers: Click here to enter text.Parents: Click here to enter text. Volunteers: Click here to enter text.**Community Partner(s) supporting grant:** Click here to enter text.**Have you received Funding for this Program/Project before?**Click here to enter text.**If yes, do you still have funding? Explain funding source and how much was received:**  |

**Please answer all five questions below:**

1. **Explain the need for funding this program/project:** *[Identify the need you wish to address and provide any data and/or research that supports the need.]* **No word limit. Visuals are helpful.**
2. **Provide brief summary about your program/project:** [*Description of the GRANT. List specific activities and unique educational approaches to address the targeted need that leads to higher levels of critical and/or creative thinking.]* **350 words maximum**
3. **Instructional Objectives and Goals:** [*State specific, measurable, attainable, relevant objectives. Specify how all student academic performance is to be enhanced or improve]*

**350 words maximum**

1. **Provide a brief description of proposed success metrics:** *[Evaluation of the program \*Standardized measures may not be the sole measure for the evaluation.]*

**500 words maximum**

1. **Sustainability:** *[What are the priorities for* s*ustainability. How will this be funded in the future?]*

**300 words maximum**

**Proposed Budget**

*Provide a detailed explanation of your budget request. District approved bid prices will help you estimate items you need with reliable costs. Include specific information on materials and equipment needed, sources, costs, shipping and handling, etc.*

BUDGET PLAN

*Reminder: All vendors must be PfISD APPROVED VENDORS or please complete the “Sole Source” justification form.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Vendor** | **Unit Cost** | **Shipping** | **Quantity** | **Total cost** |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| ❖ **Total Grant (this amount MUST match your top sheet)** | Remember PfISD is tax exempt |  |

Add rows as needed

**Technology Approval Form for Education Foundation**

**Must be submitted with the quote you received for approval to technology**

 **Grant Title:** Click here to enter text.

 **Main Applicant Contact:** Click here to enter text.

 **Grade(s):** Click here to enter text. **Subject(s):** Click here to enter text.

 **Requested Grant Amount:** $Click here to enter text.

 **Technology Items Requested (Please include all accessories, as well, i.e. cords, docking stations, insurance, shipping, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Manufacturer** | **Quantity** | **Cost** | **Total** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**Please explain in detail how this technology will be integrated into the classroom, AND how will it align with the District’s approved curriculum.**

Click here to enter text.

**To be completed by Technology Services Must be completed and returned to grantee**

**Program/Project Meets District Technology Guidelines.** Yes No

**If YES, what type of Professional Development will be required for use?** Click here to enter text

**If NO, please provide details why Technology cannot support the grant and alternative possibilities for future grant ideas that would meet the same need/objectives:**

**Click here to enter text.**

 Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Technology Signature)*

 *Must be signed by Executive Director of Technology*

**Operations/Maintenance/Safety Approval Form for Education Foundation**

Must be submitted with the quote you received for approval.

**Grant Title:** Click here to enter text.

**Main Applicant Contact:** Click here to enter text.

**Grade(s):** Click here to enter text. **Subject(s):** Click here to enter text.

**Requested Grant Amount:** $Click here to enter text.

 **Items Requested**

 **(Please include all accessories, as well, i.e. insurance, shipping, installation, yearly maintenance, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Manufacturer** | **Quantity** | **Cost** | **Total** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**Please explain in detail how this maintained these departments will be involved or not in your project.**

Click here to enter text.

**To be completed by Operations/Maintenance/Safety Approval Department**

**Program/Project Meets District Technology Guidelines.** Yes No

Click here to enter text.

**If NO, please provide details why Technology cannot support the grant and alternative possibilities for future grant ideas that would meet the same need/objectives:**

Click here to enter text.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Operations/Maintenance/Safety signature)

**Must be signed by Operations/Maintenance/Safety Director**