Evant ISD Heritage Foundation

Grant Application 2024

Teacher Information

1. First Name:_____
2. Last Name: _____
3. Preferred Name/name that you go by: _____
4. Email Address: _____
5. Best Phone number to reach you at: _____
6. Grade(s) You Teach: _____
7. Your work-related Facebook contact information: _____
8. Your work-related Twitter contact information: _____

Project Information

1. Name of Grant: _____
2. Please select the MAIN curriculum area your grant addresses: _____
3. Does your grant have a technology component? _____
4. Does your grant have a need or requirement that will change, alter, or require any maintenance to school properties? Yes ◯ No ◯ If Yes, please describe: _____
5. Will other grades be involved/impacted? _____
6. How many students will be involved in this grant? _____
7. Are there any additional funds available for this grant? _____
8. What is the problem, need or opportunity that this grant will address?
   Describe the impact of this project on your students. *(Please attach a description using 500 words or fewer)*
9. How will the project or program be implemented? Describe activities and tasks.
   Who is the target population and in what ways will they benefit? *(Please attach an implementation strategy using 500 words or fewer).*
10. Provide a summary for inclusion on the Foundation's website and social media. *(Attach summary)*
11. Which Evant ISD goals and/or TEKS does this project support?
    Please provide 2 examples. _____
12. What specific measurements will be used to evaluate the effectiveness of the project?
    A. _____
    B. _____
13. What teaching methods will be used to implement this project? *(500 words or less)*
14. What is the project timeline and the date of implementation? _____
15. Explain how this idea or project enhances/supports Evant ISD curriculum or existing systems.

    _____
    _____

Project Budget

Total Grant Budget Requested $_____

For each item making up the Grant Request, list the following:

1. Item Type: _____
2. List item to be purchased under this item category: _____
3. Unit Cost: _____ 4. Quantity: _____
5. Total cost of items in this category: _____
   (A separate summary page may be attached to this form.)

One more thing!

By signing my name below, I signify that I understand that all materials and resources purchased with grant funds are the property of Evant ISD. As a condition of this grant, I will complete an evaluation form provided by the Foundation prior to the end of the school year and will actively promote the benefits of the grant to my students, parents and coworkers.

_____

Teacher's Signature

EISD Superintendent Recommendation: _____

GRANT TIMETABLE / DEADLINES

Submission of Grants:	January 15th
EISD Admin. approval and notification to EISD Heritage Foundation:	March 1st
Foundation approval and notification to teachers:	April 15th
Grant Checks Delivered:	Sept 1st

GRANT FUNDING MAXIMUM IS $1,500.00 PER YEAR PER TEACHER