

**2016-2017 Grant Application**

Scan and email an **electronic application only** as an attachment to [**grants@arlingtonEF.org**](mailto:grants@arlingtonEF.org)**.**

Project Title:

Project Area: *(Please check all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STEM |  | Reading/Literacy |  | Humanities |
|  | Foreign Languages |  | Fine Arts |  | At-risk students |
|  | Early Learning  *(Pre-K through 2nd grade)* |  | AVID or College-Bound program |  | Leadership/Staff Training |
|  | District-wide Initiative |  | Campus-wide Initiative |  | Career Tech |
|  | Computer Technology |  | Parent & Community Engagement |  | Other |

Name of Primary Applicant (main contact) Primary Applicant Signature

**Additional Applicants:**

Name Signature

Name Signature

Name Signature

Name Signature

AISD Campus(es) Involved:

Implementation Dates:

Amount of Grant Request $

**Arlington ISD Strategic Goal(s) Targeted:**

(please check all that apply)

Increase performance in core areas: reading, math, science, or social studies

Increase student engagement in extra co-curricular activities

Develop attributes of lifelong learners: curiosity, passion, and excitement for learning, diverse interests

Develop community service participation and leadership skills

Increase parent and community engagement

Other

**Primary targeted population to be served:**

Number of Students

Ages of Students

Parents

Teachers

Other

Signature of Applicant Date

Signature of Principal Date

**Briefly describe your project.** (Limit to 40 words)

**Describe the areas of student achievement you wish to address and give any data that supports the need.**

**Include how this grant addresses the District Strategic Plan. (Limit to 100 words)**

**State measurable objectives in terms of student behavior or performance. Please be specific.**

**Describe what you want to do with the grant funds and how the program/project supports the purpose.**

**List activities and timeline. How is it innovative? Please be specific.**

**Describe how you will know if your objectives are met. What is your evaluation strategy?**

**How will you share your program’s successes with your peers? (Limit to 150 words)**

**Identify any school and/or community partners involved in the program/project and their respective roles, including other funding. Please avoid the use of acronyms.**

**If funded, how will you continue the program/project in the future? What will be the recurring costs?**

**How will this program/project be funded in the future? (Limit to 100 words)**

**Have you received funds for this program/project from the AISD-EF previously? If so, when?**

**BUDGET**

Supplies (please list) $ Amount

Equipment

Contracted Services

Other

**TOTAL**

**Criteria for Grant Approval**

**Reviewer Score Sheet – *Sample for Applicants***

Below is a **SAMPLE** of the rubric that will be used to evaluate your application. **DO NOT** include this page with your application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** |  |  |  | **Weight** | **Weighted Total** |
| Need is clearly stated. Supports districts and campus goals. | 3 | 2 | 1 | ×3 |  |
| Objectives are specifically stated and measurable. | 3 | 2 | 1 | ×2 |  |
| Activities/procedures specifically stated and relate to purpose and objectives. Innovation is apparent. | 3 | 2 | 1 | ×3 |  |
| Evaluation strategy is clearly stated and relevant to the objectives and student performance. | 3 | 2 | 1 | ×2 |  |
| Budget is complete, realistic, accurate and appropriate. | 3 | 2 | 1 | ×2 |  |
| Project includes participation and support of parents, community and/or business partners. | 3 | 2 | 1 | ×1 |  |
| Sustainability of project. | 3 | 2 | 1 | ×1 |  |
| **GRAND TOTAL** |  |  |  |  |  |