

**2018-2019 Grant Application**

Scan and email a **TYPED electronic application only with signatures** as an attachment to **grants@arlingtonEF.org****.**

* **Due on December 7, 2018 at 5pm. Applications received after the due date will not be reviewed.**
* **There is a $10,000 maximum for each application.**
* **Prize Patrol will award the grant recipients in early 2019.**
* **All grant recipients will be individually honored at the Dream Makers banquet.**
* **A lump sum check will be provided to AISD after the winners are chosen. Winners will be required to contact AISD Accounting to receive accounting codes for the granted amount.**

Project Title:

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

|  |  |  |
| --- | --- | --- |
|[ ]  STEM |[ ]  Reading/Literacy |[ ]  Gifted & Talented Students |
|[ ]  Foreign Languages |[ ]  Fine Arts |[ ]  At-risk students |
|[ ]  Early Learning *(Pre-K - 2nd grade)* |[ ]  AVID/College-Bound program |[ ]  Leadership/Staff Training |
|[ ]  Clubs/After School Initiatives |[ ]  Campus-wide Initiative |[ ]  Career Tech |
|[ ]  Computer Technology |[ ]  Parent & Community Engagement |[ ]  Other (please explain) |

Name of Primary Applicant (main contact) Primary Applicant Signature

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Email of Primary Applicant

**Additional Applicants:**

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

 Grades of Students

 Parents

 Teachers

 Other

Signature of Applicant Date

**My signature acknowledges that I have reviewed and approved this application**.

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 support the need.**

**State measurable objectives in terms of student behavior or performance. Is it innovative? 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. 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?**

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

**Is this a technology related grant? If so, has it been submitted to the AISD Technology Department for review?**

**Did you attend an Education Foundation grant workshop this year?**

**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**  | ExceedsExpectation | Meets Expectation | Does Not Meet Expectation | **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 |  |
| Project includes participation and support of parents, community and/or business partners. | 3 | 2 | 1 | ×1 |  |
| Sustainability of project. | 3 | 2 | 1 | ×1 |  |
| Budget is complete, realistic, accurate and appropriate | 3 | 2 | 1 | ×1 |  |
|  **GRAND TOTAL** | 3 | 2 | 1 | ×2 |  |
| Grant Workshop Bonus | 5 |  |  | ×1 |  |