

**CEDAR HILL ISD EDUCATION FOUNDATION
GRANT APPLICATION**

Check appropriate box.

Grant to Teacher OR **School Site Grant** OR **Cross-Campus Team Grant**
OR

Celebrate the Arts Grant to Teacher

NOTE: Use the TAB key to go to the next field and enter required information.

Campus: _____	Campus Phone: _____
Submitted by: _____	Title(s): _____
Name of Project Chairperson: _____	E-mail Address: _____
Is this a team proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, list team members below.</i>)	

Title of Proposed Project: _____
Anticipated Date of Implementation: _____
Anticipated Date of Completion: _____
Total Dollar Amount Requested: _____ (Grant to Teacher up to \$1000; School Site Grant up to \$10,000; Cross-Campus Team Grant up to \$10,000; <i>Celebrate the Arts Grant to Teacher up to \$1000</i>)

Applicant Signature: _____ Date: _____

As principal/administrative supervisor, I verify that this grant application meets campus guidelines.

Principal/Administrative Supervisor Signature: _____ Date: _____

Application deadline is 4:00 PM on the second Tuesday of February.

If this date falls on a holiday, the grant application must be submitted by 4:00 PM on the following school day.

Please print 3 copies of this application and return all copies to:

**CHISD Education Foundation
285 Uptown Blvd., Bldg. 300
Cedar Hill, Texas 75104**

DO NOT FAX OR EMAIL

Date Received _____

NOTE: Grant reviews are anonymous. This cover sheet will not be included as a part of the actual selection process by the Programs Committee. Consideration of your request will be based entirely on the following proposal. The decision of the Foundation board is final.

CEDAR HILL ISD EDUCATION FOUNDATION

Check appropriate box.

- Grant to Teacher Application (limited to \$1000 per application) **OR**
- School Site Grant Application (limited to \$10,000 per application) **OR**
- Cross-Campus Team Grant Application (limited to \$10,000 total per application) **OR**
- Carolyn Hunt Memorial *Celebrate the Arts* Grant to Teacher Application (limited to \$1000 per application)

Do NOT include campus or staff names in this application.

DIRECTIONS: Press TAB to go to next field. If an appendix is needed for supplemental material, it must be limited to a maximum of three (3) pages. **Please explain thoroughly any acronyms and abbreviations.**

Project Name: _____

Subject/Grade Level: _____

Implementation Date: _____

Evaluation Date: _____

Total Amount of Request: _____

Date of Proposal: _____

1. Briefly describe this project. How it will increase student achievement and help the district attain World-Class status. What need(s) does the project address? Why do you consider this an innovative and/or creative approach to teaching? **(15 pts.)**

2. What are the major educational learning objectives of this project and how do they address the stated needs? What is the expected educational outcome of this project? **(15 pts.)**

3. What teaching methods will be applied to this project? What standards and benchmarks support this proposal. Outline the implementation plan including activities and a specific timeline for your project. **(25 pts.)**

4. In what way(s) will students and staff be impacted both short term (school year of implementation) and long term (beyond one school year)? **(10 pts.)**

For Office Use: Grant Application #

TOTAL BUDGET

Any budget request to the Foundation that exceeds its grant limit will result in disqualification of the grant application.

If this grant is funded, copies of all invoices and proof of payments will need to be attached to a written final Grant Summary and returned to the Cedar Hill ISD Education Foundation before the end of the school year in which the grant is awarded. This requirement is in addition to the receipts submitted to the school district in accordance with District policy.

Please review your proposal ensuring that no references to campus or teacher names are included.