

For Office Use Only	
Date	
Grant #	

**INNOVATIVE GRANT APPLICATION
COVER SHEET**

The SAISD Foundation believes that investing directly in teachers and District employees is one of the best ways to improve student learning, student engagement and student retention. The SAISD Foundation's *Innovative Grant Program* provides SAISD employees with resources to expand and enrich the academic environment which can provide students with powerful learning experiences that will significantly impact their academic achievement and success as we work together to become a model urban school district. Please mail this application postmarked by 2/28/17 to SAISD Foundation, 1915 N. Main Ave, San Antonio, TX 78212, or hand-deliver to the same address by 5pm on 2/28/17.

Project Title:			
Amount Requested:	\$	Mr. or Ms. (for signage)	
Project Leader Name			
School or Department:			
Project Leader Phone:		Email:	
Principal Email:		Secretary Email:	
<p><i>I understand that these funds are awarded to support my work in SAISD, and to my knowledge, I plan to be in SAISD for the 2017-2018 school year in the same role. If that changes, I will contact the SAISD Foundation. I also understand that all items purchased with grant funds from the SAISD Foundation become the property of SAISD and must remain on an SAISD campus or in an SAISD department.</i></p>			
Project Leader Signature: _____			
<p><i>As Principal, I have reviewed the attached budget and certify that this project would be a good use of funds and supports the District goals and/or our campus improvement plan. AND at this time, there are no plans to purchase these items by other means. Additionally, I will help ensure that the goals and requirements for this project are met. (If this is a departmental request or request not with a campus, please have your supervisor sign below).</i></p>			
Principal Name:		Principal Signature:	
<p>Please list all key employees (if applicable) ACTIVELY involved in this project and obtain their signatures.</p> <p><small>Please note, persons listed will also be given grant award signs and should be an active part of the grant team. A grant award sign is also given to your campus. Please include Mr. or Ms. which will be used on signage. Please add lines as needed.</small></p>			
Print Name (MUST INCLUDE Mr. or Ms. for signage)		Signature	
School		Email	
Print Name (MUST INCLUDE Mr. or Ms. for signage)		Signature	
School		Email	
Print Name (MUST INCLUDE Mr. or Ms. for signage)		Signature	
School		Email	

**APPLICATION DEADLINE: February 28, 2017
(see details at top of page)**

PROJECT OVERVIEW

Project Title: _____

This project is: New Project Expansion of an Existing Project Replication of Another Grant

Project Timeframe: 2017-18 Summer 2017 Fall 2017 Spring 2018

Primary Content Area: Math Science ELA History Fine Arts PE/Wellness CATE Other

Project involves: Classroom Multi-Classroom Grade Level/Team School-Wide Multi-School Other

Type of Campus: Elementary Middle School High School Academy ECEC Special Campus

Start Date: _____ Once started is the project ongoing? Yes No End Date (if not going): _____

NOTE: Funds will be granted for one year only. Projects must be implemented in the 2017-18 school year. Summer 2017 projects are eligible for funding and funds can be available for implementation. Project funds (not including summer projects) will be available in August 2017 and must be encumbered by 11/30/18 unless they have a later start date as noted above. Evaluations will be due 5/31/18.

Key Personnel Conducting Project: _____

NOTE: For Key Personnel, use descriptive terms, not names (e.g. 2 middle school campuses, five 1st grade teachers, 3 bus drivers, etc.)

PROJECT SUMMARY

(Summary should include the need the project will address, a brief description of the project and what will occur as a result of the success of the project)

PROJECT DETAIL

Project Goals/Anticipated Student Outcomes (list up to four)

- 1)
- 2)
- 3)
- 4)

What methods and activities will be used to achieve those outcomes?

How will you know your project has been successful? (Data should be quantitative and qualitative)

How will you celebrate this success?

District or Campus Goal(s) this project will address: (Does this fit your Campus Improvement Plan/CIP?)

Why do you consider this grant request to be innovative?

Do you know of a similar project in SAISD or elsewhere? Yes No If so, where?

(NOTE: We do encourage replication of best practices)

BUDGET REQUEST

Please attach invoices, quotes or shopping carts for all items over \$500

Item to be Purchased (please feel free to group smaller items where appropriate i.e. math manipulatives, educational posters – list higher priced items individually)	Budget Category (specify SAISD budget category i.e. books, supplies, equipment, software)	Purpose (i.e. to help students understand motion, to build fine motor skills, or to construct the stage)	Can be Reused Yes/No	Qty.	SAISD Vendor Yes/No	Total Cost Including Shipping	Anticipated Vendor Name
						\$	
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						\$	
TOTAL AMOUNT REQUESTED						\$	

Total number of students who will be **directly** impacted by this grant annually (required for tax purposes): _____

Budgeted cost per student participating in project (total amount requested/# of students impacted): \$ _____

PROJECT/BUDGET APPROVAL:

School Principal Signature

School Secretary/Bookkeeper Signature

Submit your application packet by Tuesday, February 28, 2017 (postmarked or hand-delivered by 5pm) to:
SAISD Foundation
1915 N. Main, San Antonio, Texas 78212

Faxed, “ponied”, electronic or INCOMPLETE applications will NOT be accepted.

QUESTIONS ABOUT THE PROCESS OR APPLICATION – PLEASE CALL OR EMAIL:
Jennifer Twiss, Finance & Grants Manager at (210) 554-2235 or jtwiss@saisdfoundation.com

QUESTIONS ABOUT A GRANT IDEA OR CONCEPT – PLEASE CALL OR EMAIL:
Judy Geelhoed, Executive Director at (210) 554-2235 or jgeelhoed@saisdfoundation.com