
CUERO ISD EDUCATION FOUNDATION



GRANT APPLICATION

CUERO ISD EDUCATION FOUNDATION GRANT APPLICATION

PROJECT TITLE: _____

Project Coordinator: _____ **Campus:** _____

Project Team Members: _____

Grant will benefit: _____

Grade levels benefitting from this Grant: _____

Approximate number of Students benefitting from this Grant: _____

Grant Amount: _____

Description:

In a brief, simple and straightforward statement about the project, include what you want the Foundation to purchase and its purpose.

Statement of Goals and/or Learning Objectives

List specific measurable objectives in terms of student behavior or performance. Objectives must support campus and district improvement plans.

Evaluation

What criteria will be used to measure success, i.e. student survey, peer evaluation, etc. Please avoid using state testing scores.

Sustainability

Are there recurring costs? If yes, how will this project be funded in the future? Will the resources being requested be utilized on more than one occasion? If so how frequently will the resources be used?

PROPOSED GRANT BUDGET

PROJECT TITLE: _____

Budget Item	Vendor	Unit Cost	Shipping	Quantity	Total Cost

TOTAL DOLLAR AMOUNT OF GRANT REQUEST: _____

PLEASE ATTACH PRICE VERIFICATION DOCUMENTATION TO THE GRANT APPLICATION.

It is the practice of Cuero ISD to use vendors who have been approved by the CISD Board of Trustees. A list of approved vendors can be found on the Cuero ISD shared Google Drives under "Business Office Forms".

Are any vendors included in this application not listed as an approved vendor of the CISD? If so, please state the reason.

_____ The product or services are not offered by a vendor on the approved vendor lists.

_____ The vendor is a sole source provider of the product or services, and attached to this Grant application is a letter addressed to the Cuero ISD from the vendor stating so.

_____ Other, please explain: _____

--- PRINCIPAL'S VERIFICATION

Please Note: Stamped signatures will not be accepted.

By initialing below, I verify this grant application:

_____ Aligns with both our Campus and District plans.

_____ Requests funds for a resource, project, or activity outside the scope of our budget.

_____ Requests funds that will supplement, not supplant, District funds.

_____ Requests funds for resources that are not currently available to students on our campus.

_____ Utilizes vendors who have been approved by the Cuero ISD Board of Trustees unless:

(a) The product or services are not offered by a vendor on CISD's approved vendor lists or

(b) The vendor is a sole source provider of the product or services and attached to this grant application is a letter addressed to the Cuero ISD from the vendor stating so.

Principal's Signature: _____
(Stamped signature not acceptable)

Date: _____

--- TECHNOLOGY DIRECTOR'S VERIFICATION (IF APPLICABLE)

My signature below indicates my support of the purchase of the technology resources requested within this grant application.

Technology Director's Signature: _____

Date: _____

"It is the supreme art of the teacher to awaken joy in creative expression and knowledge."
Albert Einstein

Thank you for all you do for our students at Cuero ISD!

Completed applications should be submitted to the following:

- Doris Breedon, VP Programs @ doris.m.breedon@gmail.com
- cc:Sean Douglas, CISDEF Executive Director @ executivedirector@cueroedfoundation.org