

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

District Grants Office

Grant Launch Pad (for Private and Corporate Foundation Requests Under \$50,000)

Please review <u>Administrative Procedure</u> C26, *Grant Development and Submission*. To assist in the development and refinement of grant proposals, District Grants created the Grant Launch Pad (**GLP**) for your use. While the GLP aims to help identify areas that funders most commonly ask of their grant applicants, be advised that a funder may request additional information of the grant applicant. Please thoughtfully complete the GLP and submit to <u>districtgrants@saisd.net</u> in a timely manner, so that District Grants may provide suggestions to increase the proposal's competitiveness.

Grant Proposal Title:	Funder:	Request: \$
Submission Deadline (MM/DD/YYYY):/	_/ Project Start:	//Project End://
Project Lead Name:	Phone:	Email:
Online Application Login:	Online Applic	ation Password:
Need for Proposed Project Describe the need for the project. Consider identify population to be served. Consider using demograph	~ .	**
Summary of Project Activities Describe the project activities to be funded. Pleas activities, When will you do them, and Who/How		at activities will be done, Where you will do the
and the found of the first that the first the	a., mu participate.	
Project Goal(s) In 2-3 sentences, describe the overall intent of the	project. This is the outco	me of your project. One goal may be sufficient.

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

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Project Objectives Identify several objective(s) of your project activities that support your goal(s). This answers the " How " goal(s) will be met. "SMART" objectives are: Specific, Measurable, Attainable, Realistic, and Timely. e.g.) To (increase/decrease) (what) by (number/%) among (whom) by (when) as measured by (how do you know).
Project Evaluation How will you know when you have met your goal(s)? Describe the quantitative and/or qualitative method(s) which will be
used to examine the effectiveness of the project, including the data to be used and how the data will be collected.
Project Budget Description Provide a breakdown of how you plan to use the grant funds to complete your project goals and activities. If possible, include allocations and short descriptions for items totaling the requested amount.
Modification/Repair of Facilities: Is this a capital improvement (i.e. construction, renovations) project? Yes No If Yes, have you followed Administrative Procedure C19? Yes (Attach Form C19) No (Contact Plant Services)
Purchasing Technology: Does this project include the purchase of technology?
Match Funds: Is the District required to provide matching funds (check one):
How did you find this grant opportunity?
By signing below, you acknowledge you are aware and willing to fulfill grant requirements and associated reporting.
Submitted by: Approved by:
Printed Name (Applicant/Project Lead) Printed Name (Principal/Department Head)

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Date

Signature

Signature

Date

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