# Spring 2021 Grant Application

Scan and email a **TYPED electronic application with signatures** as an attachment to
[foundation@royal-isd.net](mailto:foundation@royal-isd.net)
- **Due on January 12, 2021 at 5pm. Applications received after the due date will not be reviewed.**
- **APPLICATIONS NOT SIGNED AND APPROVED BY CAMPUS PRINCIPAL WILL NOT BE REVIEWED.**

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

_____
Email of Primary Applicant

**Additional Applicants:**

Name                                              Signature

Name                                              Signature

Royal ISD Campus(es) Involved:

Implementation Dates:

Amount of Grant Request $

**District Goal(s) Targeted:**

**Campus Goal(s) Targeted:**

**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. 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.**

**If funded, how will you continue the program/project in the future? What will be the recurring costs?**

**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 | Exceeds Expectation | Meets Expectation | Does Not Meet Expectation | Weight | Weighted Total |
|---|---|---|---|---|---|
| Need is clearly stated. Provides evidence that project supports district and campus goals. | 3 | 2 | 1 | ×3 | |
| Provides specific detail of student groups supported by this project. | 3 | 2 | 1 | ×2 | |
| Objectives and goals are specifically stated and measurable. | 3 | 2 | 1 | ×2 | |
| Activities/procedures specifically stated and relate to purpose and objectives. | 3 | 2 | 1 | ×3 | |
| Evaluation strategy is clearly stated and relevant to the objectives and student performance. | 3 | 2 | 1 | ×2 | |
| Maximized resources with a large number of students impacted. | 3 | 2 | 1 | ×1 | |
| Project includes participation and support of parents, community and/or business partners. | 3 | 2 | 1 | ×1 | |
| Sustainability and longevity of project. | 3 | 2 | 1 | ×1 | |
| Budget is complete, realistic, accurate and appropriate | 3 | 2 | 1 | ×2 | |
| **GRAND TOTAL** | | | | | |