POTH EDUCATION FOUNDATION
Charting the Course for Excellence

INNOVATORS
EDUCATORS
LEADERS
LEARNERS

Grant Application
Cover Page

Project Title: _____

By submitting grant application, I understand my responsibilities if I am to be awarded a grant:

- Awarded grant funds must be used solely for the purpose(s) intended.

- Funds must be expended and project must be fully implemented by the end of the school year.

- A final report will be requested by the PEF to be completed and returned by the date specified.

- Agree to share successful procedures with The Foundation and others in the Poth Independent School District.

- The Foundation will use information pertaining to the grant and project to further their mission including pictures, grant recipient names, grant specifics and other related information.

Name of Applicant(s)

_____   _____

_____   _____

_____   _____

Campus(es): _____   Grade(s): _____

Subject(s): _____   Number of Students Directly Impacted: _____

Primary target population to be served: _____

Amount of Grant Request: $_____   Implementation Date: _____

All applications must be reviewed for congruence with District goals and the Campus Action Plan.

Principal (name): _____   Date approved by principal: _____

(the Foundation is required to confirm with the principal that approval for this grant submission was given.)

Date approved by technology director: _____ *Required when funds will be used to purchase technology and/or media equipment to ensure district has technology in place to support proposed grant.*

An electronic copy of the application must be turned in via email to grants@potheducationfoundation.us no later than JUNE 30.

If arrangements need to be made to submit grant application in another form, email the above address with plenty of time to make arrangements to submit prior to the deadline.

PEF Grant Application

Project Title: _____

Grade(s):_____ Subject(s): _____Number of Students: _____

Have you received funds for this project from the district or foundation previously? ☐ Yes ☐ No

Will other funds be needed to complete this project? ☐ Yes ☐ No   If yes, explain at bottom of budget.

Please provide a summary for each area listed below.

Need: (Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses District goals and Campus Action Plan. Relevance to TEKS.)
Objectives: (State measurable objectives in terms of student behavior or performance.)
Evaluation Strategy: (Describe how you will know if your objectives are met.)
Partners: (Identify any school and/or community partners involved in the project. Explain their roles.)
Sustainability: (If funded, how will you continue the program/project in the future? What will be the recurring costs? How will this program/project be funded in the future? How will continuation of project be funded in the future?)

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PEF Grant Application Budget

DIRECTIONS: Plan, research and be specific. Note the budget distribution for each category. Partial grants will be considered.

Items:	Amount:	Vendor:
Supplies (please list):		
Equipment:		
Contracted Services (list consultants):		
Other:		
TOTAL Cost of Project:		
TOTAL Cost of Grant Request:		
Ongoing Cost to continuing project:		
Additional Funds Needed:		

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