



Grant Application Cover Sheet

Project Title: _____

Name of Applicants

Signature of Applicants

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

School _____

Grade(s) _____ (list each grade level)

Subject(s) _____

Number of Students _____

Amount of Grant \$ _____

Primary target population to be served:

_____ Students (target group: _____)

_____ Parents

_____ Teachers

Implementation dates: _____

This page will not be seen by the Review Committee

Deadline September 1, 2023

IMPORTANT – Do not include name of your campus in the Project Title or Application.

Project Title: _____

Grade(s) _____ Subject(s) _____ Number of Students _____

CHECK ONE: This project is:

New to the district New to my campus New to me

CHECK ONE: Have you received funds for this project from MVISD previously?

Yes No

DIRECTIONS: 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 and campus goals.

Objective: State measurable objectives in terms of student behavior and performance

Description of Proposed Project/Activity: Describe what you want to do with the grant funds List activities and timeline. How is it innovative?

Partners: Identify any school and/or community partners involved in the project and their roles.

Sustainability: If funded, how will you continue the program/project in the future? What will be the recurring costs? How will the program/project be funded in the future? Why would this be funded outside the school curriculum budget?

DIRECTIONS: Note the budget distribution for each category. Be specific

Budget Items	Amount	District Approved Vendor
Supplies-Please list		
Equipment		
Contracted Services-list consultants		
Others:		
TOTAL		

Deadline September 1, 2023