*\*Please Note: You must EMAIL your application using this Word Document.*

Grant Application No. \_\_\_\_\_\_\_\_ (Administrative purposes only)

*Brownwood Education Foundation*

*Grant Application Cover*

Project Title

Name/s of all applicants associated with this grant application

School(s)

Grade(s)

Subject(s)

The primary target population to be served:

# of students

# of parents

# of teachers

Implementation dates:

|  |
| --- |
| Abstract (Please give a brief description (100 words) of the project you wish to implement. This abstract will be used in news releases and on the BEF website to describe to the community what the grant is about.) |

***Contact information:***

Dr. Joe Young

325-643-5644 – Office

joe.young@brownwoodisd.org

*Applications are due June 16, 2022, via email.*

*A reminder: do not use your campus name in your grant narrative.*

*Only put your campus name on page 1.*

*Grants are reviewed “blindly” by our Grant Committee.* **Brownwood ISD. Education Foundation**

***Grant Application***

Project Title

Grant No. \_\_\_\_\_\_\_\_\_\_\_\_ (for office use only)

Answer the following immediately after the question in the space provided or use the attached pages.

***Purpose: (What need or problem are you trying to address?)***

***How is this relevant for our students? (Relevant to your campus plan and TEKS? Please copy/paste or write out TEKS objectives.)***

***How do you plan to use the materials/supplies/funds you are requesting to address the need/problem described above creatively? (May include instructional procedures, methods, or activities to be utilized.)***

***What do you hope to accomplish? How do you plan to measure if the project is successful? (Objectives must be measurable – i.e., increase in student performance, improved attendance, etc.)***

***Besides BEF, please identify any other school-community partners involved in the project and their respective role(s). (i.e., PTO, local businesses, organizations or sponsors, etc.)***

***Date of Implementation:***

***BUDGET AMOUNT (Use Itemized Budget Attachment, next page.)***

***Grant Applications should be submitted in THIS Word Document to***

***joe.young@brownwoodisd.org***

**Itemized Budget Plan**

Grant Name:

Total Budget Amount Requested:

\*Please remember shipping. Orders will be tax-exempt through BEF.

**Supplies (paper, pens, pencils, etc.)**

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**Software**

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**Equipment (Digital camera, computer hardware, etc.)**

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| --- | --- |
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**Miscellaneous**

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| --- | --- |
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**TOTAL**

***Answer all of the following, which apply if you are requesting technology equipment:***

Actual quote(s) from vendors must be attached.

How is the product licensed? How many seats are in the licenses? Is it server-based?

If there is a need for a teaching component, please explain. Need cost, time, training needs.

Do you know if the software works in our tech environment? Has it been tested?

How will it be connected to the technology environment of BISD?

If you have any additional comments you would like to add for the grant selection committee to understand better the needs, purpose, or direction of where your grant funding will be applied, do so in the space provided. Please be as descriptive and straightforward as possible.

**For any questions, concerns, or assistance, please contact:**

Dr. Joe Young

Superintendent

325-643-5644

joe.young@brownwoodisd.org