



**Club/Organization Grant Application
Cover Page**

Organization Name _____

Name of sponsor/s _____

Name of Applicant(s)

Signature of Applicant(s)

_____	_____
_____	_____
_____	_____
_____	_____

School(s) _____ Grade(s) _____

Number of Students _____ Amount of Grant \$ _____

Primary target population to be served:

___ students (target group: _____)

___ parents

___ teachers

Implementation dates: _____

Signature of Campus CIS _____ Date _____

Signature of Principal _____ Date _____

Signature of Director of Instructional Technology* _____ Date _____

* *Required when funds will be used to purchase technology and/or media equipment.*

Signature of Director of Facilities* _____ Date _____

* *Required when funds will be used for construction or maintenance.*

Abstract (no more than 600 characters)

(This page will not be seen by the Review Committee)

Club/Organization Grant Application

Project Title: _____

Grade(s) _____ Name of organization _____ 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 DISD previously?

Yes No

CHECK ONE: Have you had your two fundraisers? If yes, please detail what you did and how much money you raised for each fundraiser.

Yes No

CHECK ONE: Have you had any private or business/corporate donations? Have you received any kind of grant? If yes, please detail how much these donations and/or grants were and how they were used.

Yes No

CHECK ONE: Do you have a booster club? If yes, has that organization had its two fundraisers? If so, please detail what the fundraisers were and how much money was raised.

Yes No

DIRECTIONS: Please provide a summary for each area listed below.

Need: (Describe the area of student achievement or enrichment you wish to address and give any data that supports the need. Please include how this grant addresses district and campus goals.)

Objectives: (State measurable objectives and how it benefit students in terms of achievement.)

Description of Proposed Project/Activity: (Describe what you want to do with the grant funds. List activities and timeline. Could this happen without DEF grant funding?)

Evaluation Strategy: (Describe how you will know if your objectives are met. How will you share your program's successes with your peers?)

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

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

Budget Items	Amount	Vendor	Budget Code Business Office
Supplies (please list)			
Equipment			
Contracted Services (list consultants)			
Other:			
TOTAL			

Note: All monies awarded will stay in Devine ISD.

**Education Foundation
Criteria for Grant Reviewer Scoring Matrix**

Application Number _____

Evaluator # _____

Project Title _____

Please rank the effectiveness of each item with 3 being high and 1 being low. Circle the number that best describes each statement.

Please check the statement below that best describes how you would rank this application.

- _____ I would definitely recommend funding this project.
 _____ I would recommend partial funding. Amount? \$ _____
 _____ I would recommend funding this project if there were extra money.
 _____ I would not recommend funding this project.

<i>Criteria</i>				Weighted Amount	Weighted Total
Need is clearly stated. Supports districts and campus goals.	3	2	1	X 3	
Objectives are specifically stated and measurable.	3	2	1	X 2	
Activities/procedures specifically stated and relate to purpose and objectives. Innovation is apparent.	3	2	1	X 3	
Evaluation strategy is clearly stated and relevant to the objectives and student performance.	3	2	1	X 2	
Budget is complete, realistic, accurate and appropriate.	3	2	1	X 2	
Project includes participation and support of parents, community and/or business partners.	3	2	1	X 1	
GRAND TOTAL					