



QUITMAN LAKE COUNTRY

CHARITABLE FOUNDATION

Quitman ISD Educational Fund Grant Application

Name of Project Chairman: _____ Chairman Email Address: _____

Is this a team proposal? Yes No (If yes, list team members below.)

_____	_____
_____	_____
_____	_____

Campus: _____

Title of Proposed Project: _____

Anticipated Date of Implementation: _____

Anticipated Date of Completion: _____

Total Dollar Amount Requested: \$ _____

Applicant Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Please print application and return to:

Quitman Lake County Charitable Foundation, PO Box 1453, Quitman, TX 75783

Or email to quitmanfoundation@gmail.com

Questions? 903-394-8941

Additional information may be attached to the end of the application.

1. Briefly describe this project and the purpose/need for it. (What do you expect to accomplish): (10 points)

2. Explain how this project meets the instructional goals of the District and/or Campus Improvement Plans. (Rationale/Importance and relevance to District's Education Plan Objective): (15 points)

3. What are the major objectives of this project? (20 points)

4. What activities, instructional procedures, and teaching methods will be used to implement this project? (20 points)

5. Is This a New Initiative? ___yes ___No Comments:

6. What grade level(s) will be affected by this project? Approximately how many students will benefit from this project? What is the potential for expansion of this project to other grade levels and/or schools? (10 points)

7. What, if any, additional materials, etc. will be required from the District to implement this project?

8. List a chronological time schedule which includes, as applicable: completed lesson plan (s), ordering/receipt of materials, actual classroom implementation, evaluation, and any other significant dates. (5 points)

9. How will you evaluate whether your objectives have been achieved? (A written project evaluation may be requested at the completion of this project.) (10 points)

10. Budget: Please list your budget request in order of priority. Detail your budget request. If a kit is included, please detail the contents. Include specific information on materials and equipment needed and their sources, duplicating costs, and any other fees, charges, and payments. NOTE: If this initiative is approved, copies of all invoices and proof of payments will need to be attached to a written final evaluation and returned to the Quitman ISD Educational Fund by the end of the school year in which the initiative is implemented. (10 points)

QUANTITY	ITEM	COST OF ITEM	SUPPLIER	BUDGET AMOUNT

TOTAL _____