

Deadline - February 15, 2016

For Office Use Only:	
Grant #	



## Grant Application Cover Sheet

Name of Project Leader: \_\_\_\_\_

Email address \_\_\_\_\_

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

Campus: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Title of Proposed Project: \_\_\_\_\_

Anticipated Date of Implementation: \_\_\_\_\_

Anticipated Date of Completion: \_\_\_\_\_

Total Dollar Amount Requested: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Technology Director Signature: \_\_\_\_\_  
(If applicable)

Date: \_\_\_\_\_

Please print application and return with 8 copies to:  
Boyd ISD Administration Building  
Superintendent of Curriculum & Instruction

Approved \_\_\_\_\_  
Date received: \_\_\_\_\_

NOTE: Review of proposals is anonymous. This cover sheet will not be included as a part of the actual selection process by the Grant Committee. Consideration of your request will be based entirely on the following proposal.