



Boyd Education Foundation

Grant Application Cover Sheet

Grant Applicant _____ Campus _____

Email _____ Team Grant ___ No ___ Yes

(List team members below)

Team

Title of Proposed Grant _____

Anticipated Date of Implementation _____

Anticipated Date of Completion _____

Total Dollar Amount Requested _____

Applicant Signature _____ **Date** _____

Principal Signature _____ **Date** _____

Technology Director Signature

(If Applicable)

Please print application and return with 6 copies to:
Boyd ISD Administration Building
Superintendent Secretary
Attn: Boyd Education Foundation

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

Date Received _____

Approved _____



Boyd Education Foundation

Instructional Grant Application

1. Purpose & Details – 10 pt
 - Describe this project.
 - What specific need(s) does this project address?

2. Objective – 20 pts
 - What are the major objectives of the project? Please assign each objective a number to correspond with budget entry.
 - What do you intend to achieve?
 -

3. Instructional Procedures, Methods, or Activities – 15 pts
 - Describe proposed actives and tasks
 - Provide details so that the evaluation committee can distinguish innovative ideas.

4. Evaluation – 15 pts
 - How will you measure the success of your project?
 - What method of evaluation will be used?

5. Target Population – 20 pts
 - What grade level(s) will be affected by this project?
 - Approximately how many students will benefit from this project?
 - Is there potential for expansion to other grade levels or departments?

6. Timeline – 10 pts
 - List a chronological time schedule which includes, as applicable: ordering/receipt of materials, actual classroom implementation, evaluating and any other significant dates.

7. Budget – 10 pts
 - Please list your detailed budget request in order of priority.
 - If a kit is included, please detail the contents.
 - Please site yearly recurring cost.

8. Identify Community Partners
 - Identify any school – community partners involved in the project and their role(s) or contribution(s).