



## 2023 – 2024 GRANT APPLICATION FORM – COVER PAGE

**SUBMISSION DEADLINE: FRIDAY, FEBRUARY 9, 2024**

Email completed applications in their original format (not a scanned version)  
to kbickerstaff@shermanisd.net

**AND**

Submit a paper copy of the Cover Page with required signatures  
to: Kathy Bickerstaff, SEF-Admin Bldg

***\*\*Review Guidelines for Grant Application before completion\*\****

Project Title: \_\_\_\_\_  
*Campus Name – Description, i.e. Wakefield – Science Bundle Kits*

Campus Name(s) \_\_\_\_\_ Project Total: \$ \_\_\_\_\_

Subject(s) \_\_\_\_\_ Target Population:  
Students (Number to be served): \_\_\_\_\_  
Grade Levels \_\_\_\_\_ Staff (Number to be involved): \_\_\_\_\_

Anticipated date of implementation: \_\_\_\_\_ Life of Project, in years: \_\_\_\_\_  
(if one-time use, i.e. field trip, reflect 1 yr)

Does this project require pricing or support from the Technology Dept? \_\_\_\_ Yes\* \_\_\_\_ No  
***\*If yes, submit the grant proposal to Kathy Bickerstaff no later than January 26, 2024.***

Applicant(s):

Print Name  
(If multiple names, list Project Director first)

Signature

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Project Director email address:

\_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions:** Kathy Bickerstaff, Executive Director 903.891.6431 or kbickerstaff@shermanisd.net



## 2023 - 2024 Grant Application Form

*(to be funded for implementation during 2024-2025)*

PROJECT TITLE: \_\_\_\_\_

### **Project Description & Purpose**

How will this project benefit student achievement? How will it enhance and enrich the educational experiences of your students?

### **Statement of Need**

What specific needs will this project address?

**Project Objectives**

What accomplishments are expected through this project? List at least three program objectives written in measurable terms.

**Project Evaluation**

How will the success of this project be determined/measured?

**Budget:** *Provide vendor names and a detailed itemization of all costs and materials. Estimates are not acceptable. If possible, attach quotes or provide website link to pricing information. Include specific information for materials and equipment, sources, costs, transportation, shipping, etc.*

Categories	Other Funding	SEF Funding
Contract Services		
Supplies and Materials <i>(include vendor weblinks and all details)</i>		
Transportation, i.e. Field Trip, etc.  ____ bus(es) X ____ <u>round-trip</u> miles X \$2/mi = \$ ____ driver(s) X ____ hours X \$20/hr = \$		
Other		
<b>Total</b>		

**As a reminder:**

- Grant recipients must submit a completed Project Evaluation to SEF by May 22, 2025.
- Failure to provide the Project Evaluation will prohibit the applicant(s) from submitting future grant proposals.
- Grant recipients should assist SEF in documenting the project by providing photos and other information as needed for publicity.

## Technology Request within Grant Proposal

In alignment with Sherman ISD Purchasing Policies, the Sherman Education Foundation requires that all grant requests that require support from the Technology Dept be reviewed by the Sherman ISD Director of Technology for compliance and pricing prior to submission to SEF.

Input from the SISD Technology Department is critical as it applies to:

- 1) Assurance of best pricing through approved vendor(s) and possibility of bulk purchase
- 2) Consistency of quality and ability to warranty product, if necessary
- 3) Sufficient facility Wi-Fi infrastructure to implement enhanced technology
- 4) Adequate electrical capacity of location and/or facility
- 5) District alignment of technology relating to grades and campuses

Quotes will only be accepted if prepared by or approved by SISD Technology Director.

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### Technology Department Review

On behalf of Sherman ISD and as Director of Technology, I have reviewed the grant proposal to the Sherman Education Foundation entitled \_\_\_\_\_.

\_\_\_\_\_ The grant proposal is approved and supported as written with no changes.

\_\_\_\_\_ The grant proposal is approved and supported with the following stipulations:

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\_\_\_\_\_ The grant proposal requires additional technology support prior to approval, as outlined:

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\_\_\_\_\_ The grant proposal is not approved by the Director of Technology for the following reasons:

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I have reviewed the grant proposal and confirm the selection listed above as it pertains to alignment with the Sherman ISD Technology Strategic Plan, as evidenced by my signature below.

\_\_\_\_\_  
Adam Patterson, Director of Technology Services

\_\_\_\_\_  
Date