



Date Received

Emergency Grant Number
(For Office Use Only)

Emergency Grants for Teachers Application

Thank you for taking the time to apply for funding through the Lindale ISD Education Foundation Emergency Grants for Teachers Program. **This application is for submission of emergency grant proposals only.**

Applications may be submitted at any time throughout the school year. All applications are to be submitted to Courtney Sanguinetti, Executive Director, Lindale ISD Education Foundation Office.

Date submitted _____

Name of Applicant(s): _____

Primary contact name _____ Phone _____

Other applicant(s) names _____

School(s) _____ Grade(s) Participating in Grant _____

Subject(s) _____

Project Title _____

Total Dollar Amount of Budget Request _____

Required Signatures

We certify that this would be a good use of funds for our school and support the district goals and/or our campus improvement plan.

Principal _____ **Date** _____

Deputy Superintendent _____ **Date** _____

District Technology Director _____ **Date** _____

(Needed only if grant includes a technology component)

As a condition of this grant, I will use the funds within two months for the purpose given, complete an evaluation form furnished by the Foundation and participate in dissemination activities conducted by the Foundation or LISD.

Applicant _____ **Date** _____

Grant applications should be submitted to:

Courtney Sanguinetti, Executive Director
Lindale ISD Education Foundation
P.O. Box 370, Lindale, Texas 75771
(903) 881-4008 ext. 1015 FAX: (903) 881-4004
sanguinetticd@lisdeagles.net

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EMERGENCY GRANTS FOR TEACHERS APPLICATION ONLY

Please answer the questions on this page in the space provided only. Do not use a font size smaller than a 10.

Overview

- 1. Project Title _____
Please do not include the school name or mascot or other identifier.
- 2. Grade(s) or organization participating in grant _____ Subject _____
- 3. Total dollar amount requested _____ Are there additional funding sources? ___ No ___ Yes
If “yes”, please explain.
- 4. Key personnel conducting project _____

Purpose and Details of the Project

For what type of project will the funds be used? Describe proposed activities and tasks.

Need/Rationale

Who are the students involved and how will they benefit?

Objectives

What do you intend to achieve?

Budget:

How will the funds be used?

| Item | Supplier | Cost/Item | Total |
|------|----------|-----------|-------|
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TERMS OF EMERGENCY GRANT

Congratulations on receiving an Emergency Grant from the Lindale ISD Education Foundation. Please initial all items below to indicate that you fully understand the obligation of accepting a grant. If you have any questions, please contact Courtney Sanguinetti, Executive Director, (903) 881-4008 ext. 1015 or email her at sanguinetticd@lisdeagles.net. Please return to the Lindale ISD Education Foundation office within thirty days of being awarded the grant.

___ I will keep the Foundation office informed of my progress and notify the office when items purchased are in place, or when my project will begin.

___ I will submit the Evaluation Form provided by the Foundation office within two months after having been awarded the grant.

___ I understand that if I move within the District and have written the grant myself, I may take the grant with me to my school (as long as it is age appropriate for my classes). If I have written the grant as part of a team, I will leave the grant behind with the team. If I leave LISD, I will leave the grant with the school for which I wrote the grant.

___ I understand that photographs may be taken of my grant, or that visits may be scheduled to see my grant at work, and I agree to work with the Foundation office to schedule such photographs and visits.

___ I would be willing to personally write thank you letters to Foundation contributors as well have my students write thank you notes to these individuals. I would also be willing to send a short powerpoint (5-10 slides) or video presentation illustrating the use of the grant to the Foundation (sanguinetticd@lisdeagles.net) that could be sent to donors as a thank you and used in the community to promote the Foundation's efforts.

Signature: _____ **Date:** _____

Project Title: _____

2024-2025 Emergency Grant: _____

Grant Amount: _____ **Campus:** _____

Thank You!