



**MARBLE FALLS**  
EDUCATION FOUNDATION

## **Grants 4 Great Ideas**

*Grant applications should be submitted to Pam Parkman,  
MFEF Office at the MFISD Administration Building,  
1800 Colt Circle, Marble Falls, TX 78654.*

***APPLICATION DEADLINE:***  
***4:30 p.m. on Thursday, January 31, 2019***  
***Submissions after deadline will not be accepted.***

***Telephone: 830-798-3588      Email: [pparkman@mfisd.txed.net](mailto:pparkman@mfisd.txed.net)***

# Grants 4 Great Ideas Application Cover Page

1. Grant Application No. \_\_\_\_\_  
(MFEF Office Use Only)

2. Project Title:

3. Name(s) and signature(s) of all applicants associated with this grant application:

## PRIMARY Grant Coordinators / Writers

*Add more lines below if necessary to include all PRIMARY grant writers.*

### Primary Grant Coordinator / Writer 1

Name

Signature

First

Last

Primary Grant Coordinator/Writer Email

## OTHER Staff Participants (NOT Primary)

*Add more lines below if necessary to include all Staff Participants.*

### Staff Participants 1

Name

Signature

First

Last

4. School(s) and Grade(s)

5. Principal's Signature\*

Date

\*Signatures for each campus involved are required. Please add additional lines if needed.

## Grants 4 Great Ideas Application

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The Grants 4 Great Ideas Program is a request for creative and innovative approaches to meeting students' educational needs. Refer to the Guidelines and Check List for a complete explanation of each item. Use as much space as needed to respond completely and effectively.

6. Grant Application No. \_\_\_\_\_  
(MFEF Office Use Only)

7. Grant Title

8. Grade(s)

9. a. Subject(s):

b. Special Population served (if any):

10. Number of target population to be served:

a. Students

b. Parents

c. Teachers/Staff

11. Identify any community or business partners involved in this project and their respective roles:

**12. This request is for a: new project, replacement project, or continuation of a previously MFEF funded grant?**

New Project

**13. Could this project be used on other district campuses?**

Yes  No

**14a. Implementation date:**

**14b. Completion Date:**

**15. Overview (no more than 100 words): Include extent (every day, once a week, etc.) to which targeted populations will be served and overall impact you hope to achieve.**

**16. Need(s): Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses district and campus goals.**

**17. Objectives: State measurable objectives in terms of student behavior or performance.**

**18. Implementation: Include creative and innovative instructional procedures; methods and activities that will be used to implement this project.**

**19. Project Evaluation: What methods will you use to know if your objectives are met? How will you share your program's successes with your peers?**

**20. What else would you like for us to know about your proposed project? Limit to 100 words.**

# Application Budget

Project Title

**DIRECTIONS:** Note the budget distribution for each category. Be specific. Any funds listed on this form must be explained in the narrative of your application. **NOTE:** if the number of applicants differs from the number of items requested, be sure to explain. (Example: 6 applicants, but 4 TVs requested) Include pictures of items requested if available.

*Note: All purchases must be made through current Marble Falls ISD approved vendors when available and a deadline for ordering will be provided upon selection. If not on approved list applicant will be responsible to seek guidance with MFISD Grant Expenditures Coordinator in the Assistant Superintendent's Office.*

**Remember:**

ADD SHIPPING if needed

MFISD is a TAX EXEMPT ORGANIZATION – the ISD does not pay tax

## Budget Items

Supplies (please list)	Vendor	Quantity	Cost per Unit	Shipping Cost	Total Cost
					<b>Total:</b>
					<b>\$0.00</b>

## Contracted Services (list consultants)

Contracted Services (list consultants)	Vendor	Quantity	Cost per Unit	Shipping Cost	Total Cost
					<b>Total:</b>
					<b>\$0.00</b>

## Other

Other	Vendor	Quantity	Cost per Unit	Shipping Cost	Total Cost
					<b>Total:</b>
					<b>\$0.00</b>

**GRAND TOTAL**

## Grants 4 Great Ideas Checklist

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**Please check carefully; failure to complete any one of these items  
will result in your grant being disqualified.**

- Application must be signed by ALL teachers included in the project, primary and secondary.
- Application must be signed by all principals affected by the grant.
- Copy of training certificate for at least one applicant on your grant team must be on file in the MFEF office or attached. Training certificates are valid for 3 years.
- Email a copy of the completed portion of the application to [pparkman@mfisd.txed.net](mailto:pparkman@mfisd.txed.net) prior to the deadline (don't include instructions, etc).
- Do not use names of campuses or staff members in your application after the Grant Application Cover Page. Doing so will render your application ineligible for funding.