

## Permission to Apply for Grants

If you wish to apply for a grant in any amount, please email the completed Permission to Apply form at least **THIRTY (30)** business days before the funder deadline to [melissa.holguin@southsideisd.org](mailto:melissa.holguin@southsideisd.org). If approved, the application must be reviewed and authorized before submission to the funder.

**IMPORTANT NOTICE:**

- 1) A grant offer and acceptance is a contractual agreement between the funder and the grantee (teacher, school, department or district). The agreement should not be entered without prior approval, which may include Southside ISD general counsel.
- 2) **Materials awarded through a grant are the property of Southside ISD** and are to be used by the teacher/program for which they were intended. All materials will remain at the awarded campus after the grant ends.

### Applicant Information

Name/Title:	School/Department:
Telephone:	Email:

### Program Information

Grant Title:		
Name of Funder:	Funder Deadline:	
Funder Website:	Grant Start Date:	End Date:
Grades Served:	Number served:	
External Partners:	Participating Campuses:	
Does your proposal require technology/software? <i>*If yes, attach email approval from Technology Services</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your proposal require hiring additional employees?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your proposal require facility construction or renovating?  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Focus Area and Activity of the Proposed Project** (check all that apply)

<input type="checkbox"/> Reading Lit.	<input type="checkbox"/> Out-of-school Activities	<input type="checkbox"/> Technology	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Math	<input type="checkbox"/> STEM	<input type="checkbox"/> Science
<input type="checkbox"/> Family Engmt.	<input type="checkbox"/> Bilingual Education	<input type="checkbox"/> Prof. Dev.	<input type="checkbox"/> Basic Needs	<input type="checkbox"/> History	<input type="checkbox"/> SpEd	<input type="checkbox"/> General Academic
<input type="checkbox"/> School Safety	<input type="checkbox"/> Health	<input type="checkbox"/> Other: _____				

**Alignment with Southside ISD Goals or Priorities:** (check all that apply)

<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> CCMR	<input type="checkbox"/> Social Emotional	<input type="checkbox"/> Parent Engagement	<input type="checkbox"/> Technology	<input type="checkbox"/> Safety
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### Budget Information

Anticipated Budget Request Amount: \$ _____	
Are Matching Funds Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Matching Funds Required: _____ %

Principal/Department Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_