

Shavano Academic Booster Club Grant Request Guidelines



This Grant Request Form provides a general outline of what the Shavano Academic Booster Club (SABC) expects from applicants. Please keep the following in mind as you prepare a grant request:

1. A donation to SABC is a pre-requisite prior to grant approval. The suggested annual donation (\$10 minimum for Salida School District Teachers) should be received by December each year.
2. Please be sure your project impacts the largest number of students possible and has lasting value for future students.
3. Maximum grant request for SABC is \$300/teacher or \$500/teacher team.

Pay close attention to the statement of **purpose**. Your project should be explained clearly and should be placed in the context of a larger instructional program. Justify why you believe it will enhance the educational opportunities of students.

The **estimated cost** of your project should be stated in a planned budget that is both realistic and accurate. Please do not submit your application with receipts for reimbursement. The purpose of a grant is to propose your project which is then approved ahead of time.

The **expected results** will be your assessment of the impact of the project. How will you know if you succeed? Suggest measurable objectives and timelines for achievement.

Finally, please seek the approval signatures of your building **principal**. This will assure you and the Shavano Academic Booster Club that your request has the support of your team leaders. Then submit your grant request to your Grant Coordinator.

Cory Scheffel is the Grant Coordinator for Salida High School

Leslie Garrity is the Grant Coordinator for Salida Middle School

Marla Breunich & Keri Thorpe are Grant Coordinators for Longfellow Elementary

The Board meets throughout the school year and is interested in working with applicants to facilitate the process. We look forward to receiving your request.

Shavano Academic Booster Club
GRANT REQUEST FORM



REQUEST:

PURPOSE: (Statement of instructional goals/objectives; basis of need; special consideration)

ESTIMATED COST: (Budget details)

EXPECTED RESULTS: (Evaluation of success/measurable objectives; instructional impact assessment; timelines)

Faculty Signature

Date

Principal Signature

Date

Grant Reviewer(s) Signature(s)

Date