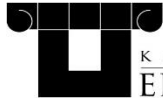




## Professional Learning Grant Spring 2019 Grant Application

### Directions

- **Grant Procedures:** Please complete all **4** sections of the application, to include both cover pages.
- **Signatures:** Obtain approval of principal or head of department on the **1<sup>st</sup> Cover page and Budget page**. Contracts of \$5,000 or more must be signed by the Purchasing Director, Chief Financial Officer, Deputy Superintendent or Superintendent.
- **Format:** Applications should be submitted using the format below. Budget pages should be submitted as Excel files.
- **School: NO** mention of school name, mascot or reference to the campus allowed (except on 1<sup>st</sup> cover page).
- **Awards:** There is no maximum amount request restrictions for awarded funds. Increases in funding cannot be provided after the award is made.
- **Funding:** Salaries, substitutes and technology items provided by the district will not be funded. Awarded funds with conference dates *prior to* August 31, 2019 will **expire on August 31, 2019** and will be made available around May 15, 2019. Awarded funds with conference dates from September 1, 2019-May 1, 2020 will **expire on May 1, 2020** and will be made available after September 1, 2019.
- **Procedures:** KISD Administrative Travel Procedures and Forms V-B and V-C must be followed. RFPLTF must be submitted at least two weeks prior to travel. If an employee elects to drive their own vehicle, they may only be reimbursed up to the cost of the airline ticket as determined by Purchasing Services when traveling out of state (Purchasing Procedure, page 27). \*Out of State travel must be approved at the Executive level.
- **Ownership:** If an individual grant winner or a member of a winning team grant relocates to a different school within Killeen ISD or is no longer with the district at the time of the training, employee substitutions can be made. Personnel changes are at the discretion of the campus principals/department leaders.
- **Entries:** One (1) grant application per Grant Coordinator may be submitted.
- **Fiscal Report:** In order to prevent any unused funds, you will be asked to submit a mid-term fiscal report on the status of your grant purchases and acquisition plans 45 days prior to the training.
- **Deadline:** Digital files (word or pdf file & Excel Budget file) of application must be submitted via email no later than 4:30pm **Monday, April 1, 2019**. Please scan and email signature pages to [joyce.hodson@killeenisd.org](mailto:joyce.hodson@killeenisd.org) OR submit signature pages via campus mail.



**Professional Learning Grants  
Spring 2019 Grant Application – 1st Cover Page**

**Section 1**

**Conference/Workshop Title** \_\_\_\_\_

**Name of Grant Coordinator** \_\_\_\_\_ **\*\*Signature** \_\_\_\_\_

**Campus of Grant Coordinator** \_\_\_\_\_ **Grant Coordinator Contact #** \_\_\_\_\_

*\*\* Grant Coordinator acknowledges an evaluation form must be completed within one calendar year from receiving funds to be eligible to apply for future grant funding. Awarded grants will receive an evaluation to complete.*

Name of other Applicant(s)	Signature of Applicant(s)	Campus
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*Reminder- if awarded, out of state travel must be approved at the Executive Level.*

**Campus #1:** \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus #2:** \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus #3:** \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus #4:** \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(attach additional page of signatures as needed)



**KILLEEN ISD**  
**EDUCATION FOUNDATION**  
**Professional Learning Grants**  
**Spring 2019 Grant Application - 2<sup>nd</sup> Cover Page**

**Section 2**

**Conference/Workshop Title** \_\_\_\_\_

**Location:** \_\_\_\_\_  
City State

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**# of Applicants:** \_\_\_\_\_ **# of Schools represented:** \_\_\_\_\_ **# of Campus Staff to benefit:** \_\_\_\_\_  
(how many staff will benefit from program)

**List Subjects Covered:** \_\_\_\_\_

**Are campus funds available for this project?** Yes No

If yes, please explain request for additional funding.

**Amount of requested funds: \$** \_\_\_\_\_

*Double check to ensure amount matches the total on budget page*

**CHECK all that apply:** This training is:  new to the district  new to my campus  new to me

**Grant Applications should be submitted to Joyce Hodson, Killeen ISD Education Foundation.**  
**Telephone: 336-0182 / Email: [joyce.hodson@killeenisd.org](mailto:joyce.hodson@killeenisd.org)**  
**Main Administration Building: 200 N W.S. Young Drive Killeen 76543**

***Applications must be submitted via email no later than 4:30pm MON., April 1, 2019. Please scan and email signature pages OR submit signature pages (first cover page & budget page) via campus mail to the foundation office. No grant application will be considered complete until signed pages are received.***

### **Section 3**

Please type in the spaces below.

**1. Summary:** *No more than 100 words describing the professional development, its purpose and major objectives.*

**2. Need:** *Use student achievement data to define the needs this professional learning will address. How do these needs align with district and campus goals?*

**3. Objectives:** *State measurable objectives in terms of student achievement.*

**4. Alignment:** *How will this professional learning help you align your teaching with the TEKS resource system and support the KISD LEARN model? (Include student learning activities that will enhance your current classroom practices.)*

**5. Evaluation Strategy:** *How will you use student achievement data to evaluate the impact of the professional learning?*

**6. Evidence of Success:** *Please cite supporting evidence of the success of the program/project you are applying for. (i.e. tell of documented achievement of the program in another district, KISD campus, or cite evidence from a source who has utilized the program) (limit 100 words)*

**7. Recognition:** *How will you recognize the Education Foundation and our donors for funding and supporting this training? (limit 100 words)*

**8. Registration:** *Please list conference registration deadlines to include Early Bird Discounts and membership discounts.*

#### **Section 4**

Budget: The Excel Budgets are in the Grants Link online at: [www.KilleenEducationFoundation.org](http://www.KilleenEducationFoundation.org). Please note, a budget form for Employee Travel and a budget form for bringing in a Consultant/Speaker are available. Please complete ONE (1) budget form for either Employee Travel or Consultant/Speaker.