



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Office of Grants Development, Management and Monitoring Tracking # _____

Grant Proposal Summary

In order to ensure that all formula, competitive, and partnership grant opportunities are aligned with the District mission and goals, the *Grant Proposal Summary* will be used to initiate the approval process. Submit the *Grant Proposal Summary* form prior to contacting the funding agent or source or completion of the actual grant application to the Office of Grants Development, Management, and Monitoring.

NOTE: Grant Proposal Summary must be approved prior to the submission of the grant application.

Section 1: General Information

Proposal Title:			
SAS#/CFDA#:			
Principal Investigator:			
Funding Source:			
Implementation Timeline:		From:	To:
TOTAL Amount Requested:			
Program or Law: (Federal and State Grants only)			
Proposal Type: (check one)	<input type="checkbox"/> Competitive	<input type="checkbox"/> Non-Competitive/ Formula	<input type="checkbox"/> Partnership only
Check one:	<input type="checkbox"/> New application	<input type="checkbox"/> Continuation	<input type="checkbox"/> Re-application
Managing Department or Campus:			
Participating Campus(es): (if applicable)			
Submission Deadline:		Anticipated Award Date:	
Electronic Grant Application Submission:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: Need for the Proposed Project

Briefly describe the need for the project including identified gaps and weaknesses, and relevant data on the population to be served. If campuses are represented, describe the selection process.

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

Section 3: Project Design and Services

Indicate the project goal, objectives and outcome/performance measures. Briefly describe the strategies and activities that will be used for successful project implementation.

Section 4: Project Management

Indicate the names and level of involvement and commitment to the project of all participants, including management, staff, collaborators and partners. Indicate name and qualifications of any external consultants if applicable.

Section 5: Project Evaluation

Briefly describe the methods of evaluation that will be used to examine the effectiveness of the project, including data used, processes for collecting data and formative evaluation. Indicate who will be responsible for conducting the evaluation plan.

For continuation applications only: Describe current or past evaluation results.

Section 6: Budget Information

A. Estimated Budget:

Budget Category	Amount
Personnel (6100)	
Contracted Services (6200)	
Materials and Supplies (6300)	
Other Operating Costs (6400)	
Equipment (6600)	
Indirect Cost	
TOTAL	

B. New/additional personnel requested (check one): Yes No

If yes, complete the table below:

New Position Title	New Position Code	Number of Employees per Title

C. How will new/additional personnel positions be funded when the grant period has expired?

D. If supplemental/extra-duty pay is involved, please indicate the position that will receive the pay.

Position Title	Position Code	Purpose

E. Is the District required to provide matching funds (check one): Yes No

- If yes, indicate matching percentage: ____
- If yes and the source will be a cash match, indicate the line code(s) that will be used (check appropriate):
 Cash Line Code ____
- If yes, and the source will be an in-kind match, indicate how the match will be calculated and documented:

F. Describe any anticipated costs to the District for implementing and/or managing the grant that are not included in the above budget.

G. Are indirect or administrative costs being charged to the grant (check one): Yes No

Submitted by:

Printed Name

Signature

Date

Approved by:

Printed Name (principal/department head)

Signature

Date