

VICTORIA ISD EDUCATION FOUNDATION

2024-2025 Grants for Great Ideas

Signature Page

INTERNAL USE
ONLY

Grant Application
No.

Project title: _____

Application type: *(check only one)*

Individual teacher (up to \$1,000)

Campus team, department or district initiated project (up to \$2,500)

Significant project (up to \$5,000)

Amount requested: \$ _____

Applicant information:

(Primary Applicant Name)

(Signature)

(VISD Email Address)

(Phone Number)

Name, signature and email address of other applicant(s) associated with this application:

(Printed Name)

(Signature)

(VISD Email Address)

Application approved by:

PRINCIPAL/SUPERVISOR VERIFICATION

By initialing below, I verify this grant application:

____ Aligns with both our campus and district plans.

____ Requests funds for a resource, project, or activity outside the scope of our school budget

____ Requests funds that will supplement, not supplant, district funds.

____ Requests funds for resources that are not currently available to students on our campus.

____ Utilizes vendors who have been approved by Victoria ISD.

Signature of Principal*

Date

*Approves submittal of application and is committed to the project's sustainability.

Signature of Technology Director**

Date

**Approves of technology and media within application.