



# Cover Sheet

GRANT APPLICATION  
MARBLE FALLS ISD  
LEGACY TEACHER ENRICHMENT FUND (LTEF)  
2006-2007



Applicant's Name: \_\_\_\_\_ Dept. or Grade-level \_\_\_\_\_  
(responsible party if a group application)

Campus: \_\_\_\_\_ Project Category (see Fund Procedures) I II III IV  
(circle one)

Contact Information/Phone Numbers: \_\_\_\_\_  
(include home mailing address; email and summer contact information)

\_\_\_\_\_

If group application, list all participants: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
*Signature of Applicant*  
(responsible party if a group application)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Campus Principal*  
(required for information purposes only--principal is not approving authority)

\_\_\_\_\_  
Date

**Proposal due date is Thursday, May 25, 2006—applications received after that date will not be considered for the 2006-2007 cycle and applicants must reapply.**

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**For Use by LTEF Advisors:**

**Funded:** \_\_\_\_\_

**Endorsed, but not Funded:** \_\_\_\_\_

**Not Funded:** \_\_\_\_\_



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Application Number: (Leave Blank) Dept. or Grade-level
(will be assigned by LTEF personnel)

Campus: Project Category (see Fund Procedures) I II III IV
(circle one)

\*\*\*The Cover Sheet will be removed and an application number assigned upon receipt of the request. All grant applications will be reviewed anonymously by the Fund Advisors.

Use additional sheets as needed.

Project Cost: State the total cost of the project and the amount requested from the Legacy Teacher Enrichment Fund (LTEF)

Total cost:

Amount requested from LTEF:

If asking for a portion of the total cost, explain how the remaining amount will be funded:

Project Objectives: Briefly state (bullet) what you expect to accomplish with the project

**Project Description:** *Describe your project in **fifty words** or less*

**Project Timelines:** *Include beginning, end and key events...be sure to specify the timeframe when the funding requested from the LTEF would be spent*

**Group Applications:** *without using names, explain the role of each participant (write NA if not a group application)*

**Project Budget:** List the costs of your project separated into personnel, contracted services, supplies and materials, and other. What funding sources do you already have for this project? Personnel costs must be coordinated with the MFISD Business Office to estimate the actual cost of benefits of district employees. **Please write "NA" in any boxes not used.**

<b>Budget Categories</b>	<b>Other Funding (if required)</b>	<b>TEF Request</b>
<i>Personnel Costs (list job title(s) &amp; include benefits)</i>		
<i>Contracted Services: (explain in detail)</i>		
<i>Supplies and Materials: (list)</i>		
<i>Tuition/Certification Fees: (list course &amp; separate cost for registration &amp; books)</i>		
<i>Staff Development: (e.g. registration fees/travel listed separately)</i>		
<i>Other:</i>		
<b>Totals</b>		

**Project Evaluation:** (How will you measure your project objectives?)

**\*\*Applicants will be required to submit a “Final Evaluation” to the Legacy Teacher Enrichment Fund Advisors upon the conclusion of the project. Those evaluations will be due within 30 calendar days of the completion date as listed in your “Timeline” on the application. Submission may be electronic and sent to: [cdowell@mfisd.txed.net](mailto:cdowell@mfisd.txed.net)**

**Questions concerning this application should be directed to the Marble Falls ISD Department for Curriculum and Instruction.**