

## Applicant

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## Project Lead

First Name\*

G



Last Name\*

C



Email Address\*

grac3.test@gmail.com



### Project and Member Details

Project Funding Total Amount Requested\*

- ☐ Up to \$5000 (Individual, Classroom, or District-level Projects)
- ☐ Up to \$7500 (Campus-wide projects only. Impacts every student on campus)
- ☐ Continued funding for the existing project (Demonstrate project success and need for continued funding)

School\*

Select



Specific Grade Level(s)\*

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Pre-K    | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Grade 1  | <input type="checkbox"/> Grade 2      |
| <input type="checkbox"/> Grade 3  | <input type="checkbox"/> Grade 4      |
| <input type="checkbox"/> Grade 5  | <input type="checkbox"/> Grade 6      |
| <input type="checkbox"/> Grade 7  | <input type="checkbox"/> Grade 8      |
| <input type="checkbox"/> Grade 9  | <input type="checkbox"/> Grade 10     |
| <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 12     |

Subject(s)\*

- |   |  |
|---|--|
| <input type="checkbox"/> Advanced Academics           | <input type="checkbox"/> Career & Technical Education                              |
| <input type="checkbox"/> College & Career Readiness   | <input type="checkbox"/> Core Content Areas (Math, RLA, Science, & Social Studies) |
| <input type="checkbox"/> Emergent Bilingual Support   | <input type="checkbox"/> Fine Arts   |
| <input type="checkbox"/> Guidance Services            | <input type="checkbox"/> Health & Wellness   |
| <input type="checkbox"/> Languages Other Than English | <input type="checkbox"/> PE or Athletics   |
| <input type="checkbox"/> Special Education Support    | <input type="checkbox"/> STEM  |

Name of Project Member(s) \*

Grant Agreement Statement

By submitting this grant application, I acknowledge and agree to the following:

- **Use of Funds:** I will use all grant funds solely for the purposes outlined in this application.
- **District Policies:** I will follow all district purchasing policies and procedures when expending grant funds.
- **Timeline:** I will utilize all awarded funds by **May 1, 2027**.
- **Reporting & Appreciation:** Upon receiving grant funds, I agree to submit a **Project Summary and Appreciation Packet** to the Pearland ISD Education Foundation Board of Directors no later than the **first week of May 2027**.

☐ I understand that failure to adhere to these guidelines may result in the forfeiture of funds and/or affect eligibility for future grant opportunities. \*

Signature

Signature of Project Lead \*

CLEAR

☐ Beyond this signature page, the applicant will NOT reference his /her name, campus personnel, or campus name in any fashion.  
The applicant understands/ agrees to this mandatory requirement by checking this box. \*

Date \*

Select Date...

Clear Date

Save DRAFT to continue

Submit as FINAL

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Project

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Project Details

Do not use your campus name or your name in the title of your grant, the description, purpose, objective, evaluation, or budget. Applicants are strongly encouraged to use accompanying photos that support the information in the application. Thank you and best of luck!

Project Title\*

Is this a subscription that could require ongoing maintenance funding?

Please note: In general, grant funding is intended as a one-time gift.\*

Yes

No

Grade level population served level of activity\*

Select

This project will encompass the following subject(s) and topic(s)\*

☐Advanced Academics

☐College & Career Readiness

☐Emergent Bilingual Support

☐Guidance Services

☐Languages Other Than English

☐Special Education Support

☐Career & Technical Education

☐Core Content Areas (Math, RLA, Science, & Social Studies)

☐Fine Arts

☐Health & Wellness

☐PE or Athletics

☐STEM

How many students will this impact in a year?\*

Briefly describe the breakdown of this amount. (Ex: grade level, 5 classrooms, all math classes, etc)\*

Remaining words: 1000 / 1000

Project Description

Describe what your project will do and how it will improve/advance/enrich student learning. *(Recommendation: Remember your audience! Be concise and captivating.)*\*

Remaining words: 1000 / 1000

Project Evaluation

Explain how you will measure the success of this project.\*

Remaining words: 1000 / 1000

How do you plan to share the results with your campus, district and Pearland ISD Education Foundation?\*

Remaining words: 1000 / 1000

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Funding

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Category Funding Request Status

First time requesting an Innovative Grant?\*

Select

Budget

Enter a detailed budget for how the grant funds will be spent in the table below.

- DO NOT guess at prices.
- Be sure to research what the actual cost will be for each budget item.
- Don't forget to include shipping and handling costs!
- Upload your supporting documents in the Uploads tab.
- PLEASE NOTE: Be sure you check the math. (Total Cost = Unit Price x Quantity)
- Do not include links.

Add Row

Item/ Description*	Vendor*	Unit Price*	Quantity*	Total Cost*
				Total:

Budget Total

Shipping and Handling Cost (N/A if this does not apply)\*

Total (subtotal + shipping)\*

Continued Funding of Existing Projects

- Please describe project success and need for continued funding.
- In general, grant funding is intended as a one-time annual gift.
- Continued funding may be approved for existing projects. However, renewal requests or support for ongoing costs are not guaranteed each year.

Describe project success and need for continued funding  
*(If not applicable, type N/A)\**

Remaining words: 1000 / 1000

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Community Engagement and Funding Sources

- The foundation welcomes opportunities to pool or match funds.
- If applicable, please list any school, community, or business partners involved in the project.
- If additional funds will be secured, please identify the source(s) and amount.

School, community or business partners involved in the project (N/A if this is not applicable) \*

Remaining words: 1000 / 1000

If additional funds will be secured, please identify the source(s) and amount. (N/A if this is not applicable) \*

Remaining words: 1000 / 1000

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Supporting Documents

Upload any photos, diagrams, or other materials that help illustrate your project idea or support your application. Acceptable file types include PDF, JPG, and PNG. Limit total uploads to 3 files (maximum 10MB each).

Photo

Choose File

No file chosen

Additional Upload

Choose File

No file chosen

Additional Upload 2

Choose File

No file chosen

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**Confirmation**

Please complete all sections of the application before you answer the question below.  
Once your application is fully completed, you will be able to proceed with submitting your request for approval in the Approval Tab.

Once you SUBMIT AS FINAL, you will no longer be able to edit the application.

☐ I confirm that the information in this application is complete and accurate\*

Applicant Instructions

- To be considered for the Innovative Teaching Grants:
1. Initiate the email request below
  2. Submit the Application as Final

Campus-Department Approval

In signing this application, I am certifying that this grant will be a good use of funds for our school or department and agree to the implementation of this proposed project during the 2026-27 school year.

Principal/ Director First Name\*

Principal/ Director Last Name\*

Principal or Director's Email Address\*

Request not yet initiated

Initiate Email Request