




Grant Concept Approval Form

Person & Department/Campus Requesting Grant: Jeff Daniels, Police Department

Purpose and Concept Overview: The purpose of this grant is to provide required ALERRT Training for all ECISD Officers and to enable ECISD to meet the requirements of HB3.

Potential Funder(s): Office of the Governor, Public Safety Office (PSO)

Required Signatures

Requester:		Date:	<u>10/30/23</u>
Department/Campus Supervisor:		Date:	
Cabinet Member (if Required) :		Date:	
Chief Financial Officer:		Date:	
Communications (if Required):		Date:	
Superintendent (If Required):		Date:	



Submit the approved Grant Concept Approval Form with this document.

Which of the following aspect(s) of the ECISD's Strategic Plan does your project fall under?

FOUNDATIONAL EXCELLENCE

- Excellence
- Equity
- Ambidextrous
- Innovation

TALENT DEVELOPMENT

- Strategic Compensation
- Opportunity Culture
- Personalized Professional Learning
- Growth Pipelines

LEARNING JOURNEY

- Graduation
- To and Through
- Personalized Learning
- Student Support
- Social & Emotional Learning

Do you have a budget for this project? Yes NO (if yes, please attach it to this form) Pending

When are you available to discuss your project? Date & Times: Budget is currently being prepared.

Signature of Requester: _____ Date: _____

Signature of Supervisor: _____ Date: _____

If your request involves any of the following areas, please request a signature from the designated leader of that area.

Technology: _____ Date: _____

Facilities: _____ Date: _____

Curriculum: _____ Date: _____

Talent Development: _____ Date: _____

Student & School Support: _____ Date: _____

Please return this form to susan.lara@ectorcountysd.org