



Teacher Innovation Grant Application

Date Submitted: _____

Program Title: _____

Applicant(s): _____
(include your title, e-mail and phone)

Estimated Total Cost: _____

Academic Discipline:

<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Technology
<input type="checkbox"/> History/Social Studies	<input type="checkbox"/> Engineering
<input type="checkbox"/> Math	<input type="checkbox"/> Professional Development
<input type="checkbox"/> Science	<input type="checkbox"/> Wellness
<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Music/Drama/Dance	

Project Description and Goals	
Project Objective:	
Time Frame:	
Students Targeted:	
Anticipated Impact:	

Short Project Narrative: *What is your plan for execution? Why is this grant important to you?*

Grant Criteria:

Please select just 2-3 of the following criteria that best apply to your project/program, and write a short explanation for each.

- Serves as an opportunity for enrichment that cannot be funded through the normal school budget
- Demonstrates innovative approaches or methodologies
- Is consistent with the SCSD curriculum and NY State Department of Education standards
- Serves as an effective pilot for possible future programs/projects
- Includes a method of assessing the project's effectiveness
- Encourages and facilitates student feedback
- Offers the possibility of continued impact for more than one year
- Offers expanded opportunities for application in other curricula
- Anticipates, encourages, or reflects the expanded use of technology
- Encourages partnership with other funding sources
- Impacts as many students as possible
- Demonstrates complete budget justification

Grant Criteria Descriptions (2-3):

Program Objectives and Outcomes:

(Please feel free to expand on the space given within the grid.)

Objectives What do you hope to accomplish?	Benchmark What do your students know <i>before</i> the program?	Outcomes What will your students know <i>after</i> the program?	Measurement What tools will you use to measure the outcome?

Estimated Budget for Project

(Include costs for anticipated materials and resources)

Materials Expenses:

Item Description	Quantity	Unit Cost	Total Cost

Human Resources Expenses:

Item Description	Hours	Unit Cost	Total Cost

TOTAL:

Short Budget Narrative:

Detail your budget request. Preference is given to projects that link expenses directly to student outcomes.

Program Budget:

- *Include specific information such as:*
 - *Kinds of materials and equipment needed, shipping costs and supply sources,*
 - *Travel expenses (based on current SCSD mileage and meal allowance reimbursement rates),*
 - *Non-employee services,*
 - *Staff involvement, responsibilities and hours (billable hours are at the SCSD rate of \$39/hour).*
- *Annual or ongoing expenses that might be required to maintain the program/project and the source of future funding must be detailed.*
- *Please note if you have applied for funding from any other organization for this project/program?*
- *Indicate if the project/program involves funding or support from the school district, now or in the future.*

Please note: *All expenses, including receipts and billable hours, must be submitted to the District business office for payment or reimbursement. Payment will be made within 30 days of receipt of documentation.*

For grants involving the purchase of new technology:

1. *How does this tool suit the learning I want for my students in this context?*
2. *How does this support my students' learning?*
3. *How does this support my teaching?*

Administrator Comments / Recommendations

Curriculum Coordinator Name and Date:

Principal Name and Date:

Superintendent Name and Date:

Technology / Special Services Recommendations – As needed:

Dtr. Of Technology Name and Date:

If the project/program includes the purchase of new technology equipment, the Director of Technology's approval is required.

Dtr. Of Special Services Name and Date:

If the project/program involves special education, the Director of Special Services' approval is required.

SEF Program & Grants Committee Comments / Recommendations:

Reviewers Name and Date:

For Office Use

SEF POC: _____

Possible Funding Sources	Proposed %	Proposed Amount	Confirmed Amount
SEF	_____	_____	_____
District	_____	_____	_____
Skat. Music Guild	_____	_____	_____
ES PTC	_____	_____	_____
MS PTC	_____	_____	_____
HS PTC	_____	_____	_____

Additional Notes: