



2018/2019 Teacher Innovation Grant Application Cover Sheet

Area of Study for this Proposal: _____

District: CUSD NSD SUSD SSSD Hart School: _____

Applicant(s) Name: _____

Applicant(s) e-mail address _____

(If collaborative team request, state e-mail address for primary contact)

Item(s) Requested:

Your school must be capable and set up to use any technology items to enhance student learning prior to requesting these items.

Project Summary:

Share how your project is innovative for your classroom/site/district:

How many students will benefit from this grant in the current school year? _____ Grade Level? _____

Which **specific** CA Content Standard(s) will be supported by this award?

Applicant's Signature: _____ Date: _____

Principal's support:

I have read this proposal and will support its implementation. It is compatible with our School District curriculum and cannot be funded through our site and district budget. I understand that the materials that may be awarded through this request for use at the school stated on the application will become the property of said school if the applicant departs or the targeted program or project is discontinued. I also understand that the requested items are compatible with current school technology systems.

Principal's Name: _____ Email Address: _____

Principal's Signature: _____ Date: _____