



2023 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)

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

Is your school considered as Title 1 eligible? _____ Yes _____ No

Have you included the following items:

Your application should include the following:

_____ Grant Application Cover Sheet

_____ Project Proposal Narrative

_____ Budget

_____ Additional Information (Optional) – limit to 1 additional page

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: _____