



2024-2025 TEACHER COLLABORATIVE INNOVATION GRANT SIGNATURE PAGE

| Primary Applicant Name | Grade & Subject Teaching (or Department if Not a Classroom Teacher) | Name of Campus |
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*If more than six applicants, please include additional applicants on a
Separate piece of paper and insert after this page in your application.*

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| Due Date: February 28, 2025 | Submit With Application | |
|--------------------------------|-------------------------|--|

*In signing this application, I am certifying that this proposed project would be a good use of
funds for our school or department.*

Principal/Director Signature

Date

Although not required, you are strongly encouraged to receive grant feedback at a grant
coaching session to be held February 14th at GISD GROW.

