



GEORGETOWN
ISD Education Foundation

For Office Use Only:

Grant ID Number _____

2019 TEACHER COLLABORATIVE INNOVATION GRANT

Grant selection is completed utilizing a blind-review process; so please refrain from using names, phrases or a unique campus descriptive that may unintentionally identify you or your campus.

Grade Level:

(Click all boxes that apply)

- Elementary School
- Middle School
- High School

Innovation Grant Goals:

(Click all boxes that apply)

- Improve Educational Experiences
- Personalize Student Learning
- Increase Student Achievement
- Expand Student Learning Choices
- Increase Student Engagement

SECTION I: OVERVIEW

District Vision, Mission, Beliefs & Goal Alignment

How will your project support or advance student attainment of the Learner Profile or help meet a district or campus goal? Please explain.

Title of Project

Brief Project Summary (about 100 words or 4-5 sentences):

How many students will this project impact in one year? (Do not state a grade level or the "whole school". Please give a numerical answer.) _____

This Project Is (Check the box by the correct statement):

- A new Grant Project
- A request to continue a project or initiative previously funded by another source. (If you check this box, explain in your Project Description how this year's project will support previous project.)

SECTION II: PROJECT DESCRIPTION & OBJECTIVES

1. What is the area of need or innovation your grant addresses?

2. Project Description: (Provide enough detail that project scope is fully understood)

3 List the project objective(s), expected outcomes and how you will measure results:

Objective:

Outcome:

Measurement:

Objective:

Outcome:

Measurement:

Objective:

Outcome:

Measurement:

SECTION IV: BUDGET

- List detailed information on how the grant funds will be spent. DO NOT guess at prices. Please research what the actual cost will be for each budget item. Don't forget to include shipping and handling costs. Also, contact the Purchasing and/or Technology Departments to see if the district has a vendor that can provide the items requested at bid price.
- If you need additional lines for your budget, continue on a separate page, print the additional page and then attach to all copies of your proposal.

| Budget Item | Vendor | Cost |
|-------------|--------|------|
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| Total Cost | | |

Can this project be implemented with partial funding? Yes No

Have you requested funding from other sources for this project? Yes No

If yes, please list the name of the funder and the status of the request:

By checking corresponding box, I verify that I have completed all tasks on this application. I also understand that any products purchased and awarded funds will apply to the intended target group and will remain the property of Georgetown Independent School District.

Please submit the completed signature page and grant application by March 8th at 4:30 pm to:

Georgetown ISD Education Foundation

grants@gisdedfound.org

ALL FORMS ARE DUE MARCH 8, 2019
