

2023-2024 TEACHER COLLABORATIVE INNOVATION GRANT SIGNATURE PAGE

Primary Applicant Name	Grade & Subject Teaching (or Department if Not a Classroom Teacher)	Name of Campus
If more than	n siy annlisants nlagsa includa additional s	unnlicante on a
If more than six applicants, please include additional applicants on a Separate piece of paper and insert after this page in your application.		
Due Date:		
March 8, 2024	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