

**For Office Use Only:**

Grant ID Number \_\_\_\_\_\_\_\_\_\_

**2024-2025 TEACHER COLLABORATIVE INNOVATION GRANT**

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

**Grade Level: Innovation Grant Goals:**

(Click all boxes that apply) (Click all boxes that apply)

☐ Elementary School ☐ Improve Educational Experiences ☐ Expand Student Learning Choices

☐ Middle School ☐ Personalize Student Learning ☐ Increase Student Engagement

☐ High School ☐ Increase Student Achievement

**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.

Click or tap here to enter text.

**Title of Project**

Click or tap here to enter text.

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

Click or tap here to enter text.

**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.)*** \_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_

**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. (*Explain in your Project Description how this year’s project will support previous project. Only considered within a 2-year period.)*

**SECTION II: PROJECT DESCRIPTION & OBJECTIVES**

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

Click or tap here to enter text.

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

Click or tap here to enter text.

|  |
| --- |
| 3 List the project objective(s), expected outcomes and how you will measure results: |
| Objective: Click or tap here to enter text.  Outcome: Click or tap here to enter text.  Measurement: Click or tap here to enter text. |
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**SECTION III: DETAILED WORK PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List below the steps involved in completing your project. Include the positions (not names) of staff responsible for carrying out the activity, date activity will begin and end, and funds needed for each activity. | | | | |
| Description of Activity | Positions Responsible | Timeline | | Funds Requested for this Activity |
| Date to be Initiated | Anticipated Completion Date |
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**SECTION IV: BUDGET**

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| --- | --- | --- |
| * 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 it to all copies of your proposal. | | |
| Budget Item | Vendor | Cost |
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| Total Cost |  | Click or tap here to enter text. |

**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:**

Click or tap here to enter text.

☐ By checking the 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 and the applying campus.

Please submit the completed signature page and grant application by February 28 at 5:00 pm to: lawsonj@georgetownisd.org

***ALL FORMS ARE DUE FEBRUARY 28, 2025***