



Innovative Teaching Grant Application Cover Sheet

Project Title:

Name of Person Submitting Grant:

Type of Proposal: ___ Individual ___ Campus ___ Team/Group

If Team/Group, list members below:

Campus:

Grade(s):

Subject(s):

Primary Target Population: ___ students
___ parents
___ teachers

Number of students impacted:

Anticipated date of implementation:

Total dollar amount requested:

Deadline: January 31, 2020

**Grants CANNOT BE EMAILED! They MUST BE DELIVERED
(by campus mail or in person) ON OR BEFORE THE DEADLINE!!!**

Chastity Hale
AISD Administration Building
106 W. Main Street
Atlanta, Texas 75551

Note: Grant reviews are anonymous. This sheet will not be included as part of the actual selection process by the Grant Committee. Consideration of your request will be based entirely on the Innovative Teaching Grant proposal.

For questions, contact Chastity Hale, Executive Director, at 903-799-9618

For Office Use Only: Date Received: _____ Time Received: _____ Received by: _____
Grant Number: _____



Innovative Teaching Grant Application

Project Title _____

Grant Number: _____ (completed by AEF office)

Campus _____	Subject(s) _____
Grade(s) _____	Primary Target Population: _____ students _____ parents _____ teachers
Number of students impacted: _____	
Anticipated date of implementation: _____	
Total dollar amount requested: _____	

Please fully answer each of the questions below. The budget form is a requirement for all applications, and its completeness will affect the approval of this application. ~~Good Luck!

I. Project Abstract—No more than 100 words

II. Statement of Purpose—Expectation of outcomes in general terms

III. Statement of Rationale—Relevance to your campus plan

IV. Goals/Objectives—Objectives must be measurable in terms of student behavior or performance

V. Tell us how this grant is innovative: (if this is an existing program what new components are added?)

VI. Description of Instructional Practices, Methods (if applicable) or activities which will be utilized:

VII. Project Evaluation (how will you evaluate the success of the project?)

VIII. Identify any school-community partners involved in the project and their respective role including any additional funds and/or resources above the allowable grant amount.

IX. Budget—Provide a detailed explanation of your budget request. Include specific information on materials and equipment needed, sources, costs, transportation, shipping and handling, etc. **Only items listed on the budget form may be purchased with grant funds for the grants receiving funding.** Items which should be purchased with district funds will NOT be funded.

Qty	Description/Vendor	Unit Cost	Extended Cost
	Shipping & Handling (if applicable)		
	Total		

Signature of Campus Principal

- Principal has verified and approved (put X in box)

Signature of Director of Curriculum and Instruction or Deputy
Superintendent:

- Director of Curriculum and Instruction or Deputy Superintendent has
verified and approved (put X in box)