



Teacher Creativity Grant Application

(This document is a fill-in enabled pdf. When entering information, please be sure to open the document using Adobe Reader. Documents opened using the Preview feature of an Apple product will not be saved correctly.)

Date: _____

Project Title: _____

Amount Requested: _____

Primary Contact: _____

Title/Position: _____ School: _____

Phone: _____ Email: _____

Additional Applicant(s) *(List all individuals involved in this project):*

To the best of my knowledge, this proposal represents something that is new to the District and will enhance the educational experience of my students.

Signature of Primary Contact: _____

Signature of Principal or Administrator: _____

Overview *(Provide a summary of the project not to exceed 150 words):*

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1. Which school(s) would this proposal impact. Please check all that apply.

CHMS HMS Elm Madison Monroe Oak Prospect The Lane Walker

2. Which grade level(s) would this proposal impact. Please check all that apply

K 1 2 3 4 5 6 7 8

3. Is this proposal meant to benefit a specific subgroup of students (i.e. gifted, special needs, etc.)?

Yes No If yes, please describe the subgroup:

5. Which areas of the curriculum will be enhanced:

Language Arts	Writing	Reading
Communication	Mathematics	Science
Foreign Language	Social Science	Art
Music	SELAS	Physical Education
Performance	Encore/Electives	Other: _____

5. How will this proposal enhance your students' educational experience?

6. Does this proposal require additional funding from other sources to be successfully implemented?

Yes No

If yes, is that funding secured? Yes No

7. Does this proposal require ongoing operating funds or does it have expected regular replacement or maintenance costs? Yes No

If yes, how will they be funded?

8. Describe how this proposal, when successfully implemented, could either be a resource that will be available to the entire District or be used as a seed, model or pilot for other educators in our District.

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9. Project Plan - Describe the activities required to complete the proposal:

10. Timetable - When would work begin on the proposal, when would students begin to benefit from the proposal, and when would it be complete?

11. What criteria will you use to measure the success of your proposal?

Teacher Creativity Grant Application Budget

Detail your projected needs and costs in the categories below:

Category	Cost
Instructional Materials: <i>(books, preparation materials, curricula, etc.)</i>	
Project Supplies: <i>(copying, printing, paper, art supplies, non-reusable items, etc.)</i>	
Technology: <i>(hardware and/or software)</i>	
Equipment: <i>(all reusable non-technology items)</i>	
Travel: <i>(transportation, accommodations, meals)</i>	
Consultants/Training: <i>(course fees, artists in residence, performers, trainers, etc.)</i>	
Stipend: <i>(Only for hours worked outside of the school day. List type of activity and estimated hours. Stipend Rate: \$40 per hour)</i>	
Other: <i>(please describe)</i>	
Total Cost: <i>(may not exceed \$5000)</i>	