



Preliminary Common Grant Application

Date Submitted: _____

Program Title: _____

Applicant(s): _____
(include your title, e-mail and phone)

Estimated Total Cost: _____

Academic Discipline:

<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Technology
<input type="checkbox"/> History/Social Studies	<input type="checkbox"/> Engineering
<input type="checkbox"/> Math	<input type="checkbox"/> Professional Development
<input type="checkbox"/> Science	<input type="checkbox"/> Wellness
<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Music/Drama/Dance	

Project Description and Goals	
Project Objective:	
Time Frame:	
Students Targeted:	
Anticipated Impact:	

Short Project Narrative

This proposal will be reviewed by SEF and your administrators. If there is interest and the outline meets grant criteria, SEF may request further detailed information through a full Teacher Innovation Grant Application.

- *Lightning Grant (year-round, \$1,500 or less)*
- *Teacher Innovation Grant (deadlines 7/1, 11/1, 3/1)*

Estimated Budget for Project

(Include costs for anticipated materials and resources)

Materials Expenses:

Item Description	Quantity	Unit Cost	Total Cost

Human Resources Expenses:

Item Description	Hours	Unit Cost	Total Cost

TOTAL:

Additional Notes

Administrator Comments / Recommendations

Curriculum Coordinator Name and Date:

Principal Name and Date:

Superintendent Name and Date:

Technology / Special Services Recommendations – As needed:

Dtr. Of Technology Name and Date:

If the project/program includes the purchase of new technology equipment, the Director of Technology's approval is required.

Dtr. Of Special Services Name and Date:

If the project/program involves special education, the Director of Special Services' approval is required.

SEF Program & Grants Committee Comments / Recommendations:

Reviewers Name and Date:

For Office Use

SEF POC: _____

Possible Funding Sources	Proposed %	Proposed Amount	Confirmed Amount
SEF	_____	_____	_____
District	_____	_____	_____
Skon. Music Guild	_____	_____	_____
ES PTC	_____	_____	_____
MS PTC	_____	_____	_____
HS PTC	_____	_____	_____