

Lightning Grant Application

		Date Submitted:				
Program Ti	tle:					
Applicant(s): (include your title, e-mail and phone)						
Estimated ⁻	Total Cost:					
Academic Discipline:		☐ English/Language Arts ☐ History/Social Studies ☐ Math ☐ Science ☐ Fine Arts ☐ Music/Drama/Dance	☐ Technology ☐ Engineering ☐ Professional Development ☐ Wellness ☐ Other			
Project Des	scription and	d 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 1/15 & 5/15)

<u>Estimated Budget for Project</u> (Include costs for anticipated materials and resources)					
Materials Expenses:					
Item Description	Quantity	Unit Cost	Total Cost		
Human Resources Expenses:	112	Hait Coot	Total Coat		
Item Description	Hours	Unit Cost	Total Cost		
		TOTAL:			
		IUIAL:			
Additional Notes					
Funding for Lightning Grants is generally made available within 30-60 submitted. Please note here if the timeline of the request urgent, and			olication is		
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NOT URGENT TIME-SENSITIV	VE		DEADLINE		
Curriculum Coordinator Signature and Date:					
Principal Signature and Date:					
Superintendent Signature and Date:					
Dtr. Of Technology Signature and Date: If the project/program includes the purchase of new technology equipment, the Direction of the Directi	ector of Techno	logy's approval is	required.		
Dtr. Of Special Services Signature and Date:	pproval is requi	red.			