



# Lightning 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      |   |

<b>Project Description and Goals</b>	
<b>Project Objective:</b>	
<b>Time Frame:</b>	
<b>Students Targeted:</b>	
<b>Anticipated Impact:</b>	

<b>Short Project Narrative</b>

*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)*

## **Estimated Budget for Project**

*(Include costs for anticipated materials and resources)*

### **Materials Expenses:**

<b>Item Description</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>

### **Human Resources Expenses:**

<b>Item Description</b>	<b>Hours</b>	<b>Unit Cost</b>	<b>Total Cost</b>

**TOTAL:**

## **Additional Notes**

*Funding for Lightning Grants is generally made available within 30-60 days from the time the application is submitted. Please note here if the time line of the request is time-sensitive, and if so, what the deadline is.*

\_\_\_\_\_ **NOT URGENT**      \_\_\_\_\_ **TIME-SENSITIVE**      \_\_\_\_\_ **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 Director of Technology's approval is required.*

*Dtr. Of Special Services Signature and Date:* \_\_\_\_\_

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