



**INNOVATIVE TEACHING GRANT APPLICATION**

*Deliver completed application to the  
Gainesville ISD Administration Office (801 S. Morris)*

**DUE BY 4PM, MONDAY NOVEMBER 14, 2016**

**Project Title:**

**Campus/Grade:**

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# GRANT REQUEST DESCRIPTION

<b>Project Title:</b>
<b>Subject(s):</b>
<b>Tentative Project Date:</b>
<b>Amount of Funds Requested:</b>

**What specifically will be purchased by this grant?**

**Purpose:**

**What do you hope to achieve and how do you plan to accomplish your goal?**

**Evaluation Procedures:** (What criteria will you use to measure success?)

**Identify any school-community partners involved in the project and their role(s):**

**If proposal is technology, special education or ESL based, have you submitted your idea for approval by these departments? If yes, what was the result of this inquiry?**

**Excluding transportation, has other funding been sought for your proposal?**

# GISD GRANT BUDGET

*Please fill out separate form for each vendor.*

<b>Vendor**:</b>							
<b>Address:</b>							
<b>Phone:</b>							
<b>Contact:</b>							
Budget Code (see codes below)	Catalog #	Product Description	Qty	Unit Price	Cost	% Discount	Total Cost
						<b>Subtotal</b>	
						<b>Shipping</b>	

# SIGNATURE PAGE

**TITLE OF GRANT:**

**CAMPUS:**

**NUMBER OF STUDENTS IMPACTED (NOW AND FUTURE):**

<b>APPLICANT:</b>	
<b>CO-APPLICANT:</b>	
<b>Name:</b>	<b>Signature</b> _____
<b>Name:</b>	<b>Signature</b> _____
<b>Name:</b>	<b>Signature</b> _____
<b>Name:</b>	<b>Signature</b> _____
<b>Name:</b>	<b>Signature</b> _____

**Campus Site-Base Decision-Making (SBDM) Committee Approval:**

**(NO GRANT WILL BE REVIEWED WITHOUT 3 SBDM SIGNATURES)**

<b>Name:</b>	<b>Signature</b> _____
<b>Name:</b>	<b>Signature</b> _____
<b>Name:</b>	<b>Signature</b> _____