



**2017-2018
TEACHER INNOVATION GRANT
PROPOSAL COVER SHEET**

Project Title			
Purpose of Project (1-2 sentences)			
Select Division	<input type="checkbox"/> ECE/Elementary; <input type="checkbox"/> Middle School; <input type="checkbox"/> High School; <input type="checkbox"/> ASD Districtwide		
BUDGET Request (\$)			
Name of LEAD APPLICANT			
Name of CO-APPLICANT(S)			
School			
Grade Level			
How many students will participate?			
Subject Area			
School Address			
City	ST	ZIP	
Phone			
Email			
Signature of LEAD APPLICANT			DATE
Signature of CO-APPLICANT			DATE
Signature ASD/Community Partner (If Applicable)			DATE
By signing here, the Building Principal supports this project. PRINCIPAL SIGNATURE			
			DATE