

INNOVATION GRANT REQUEST FORM

Requester's Name: _____
School Name: _____
Position: _____
School Telephone: _____
Date: _____
Project Title: _____

For Committee Use Only
Date Received: _____
Number: _____
Action: _____
Grant Amt: \$ _____

Summary Statement about the Project:

Total Projected Budget: _____ **Grant Amount Requested:** _____ **Other Funding Sources Secured for Project?** Yes/No **Amt: \$** _____ **From what source(s):** _____

Grade Level(s): _____ **# of Students:** _____ **# of Teachers:** _____ **# of Classes:** _____

Special Needs Group being Served (if applicable): _____

Expected Project Duration: _____ **Anticipated Project Completion Date:** _____

I have seen this request: _____
Building Principal or Supervisor Signature

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS
AS COMPLETELY AS POSSIBLE**

1. What do you want to do? (Goals)

2. Why do you want to do it? (Cite evidence, if available, that demonstrates need for this project.)

3. How will it be done? (The program steps or activities required to accomplish it.)

4. How will this project help the educational program of the Buckeye Local School District?

5. Who will be involved in this project? Who will be affected (benefited)?

6. What will be the evaluation process? (Please be specific.) Final evaluations are due 30 days after the completion of the project. Interim reports are optional and appreciated.

7. In what form do you plan to make the results (Products) of the project available to other educators? (Reports, presentation, make materials available, etc.) Any materials, such as pictures and/or exhibits that lend themselves to publicizing this program are encouraged.

8. What resources will be needed? Please estimate the cost.

Signature of Applicant

Please send to: Mary Ann Stalnaker, Innovation Grant Chair
c/o Buckeye Primary School

