



## Teacher Grant Application

Name of Applicant(s) \_\_\_\_\_

School \_\_\_\_\_

Grade(s) and/or Subject(s) Taught \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email address(es) \_\_\_\_\_

Title of Proposed Project  
\_\_\_\_\_

Purpose of the Grant (one sentence)  
\_\_\_\_\_  
\_\_\_\_\_

Requested Grant Amount \$ \_\_\_\_\_

Teacher Signature(s) \_\_\_\_\_  
\_\_\_\_\_

Principal Signature \_\_\_\_\_

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For Official Use Only

Date Received \_\_\_\_\_ Disposition \_\_\_\_\_ Date \_\_\_\_\_



## Teacher Grant Application

### Proposal Narrative

Describe the project, including its benefits, goals, target beneficiaries, and how it relates to the MEF goals in accordance with the criteria previously set forth. Be sure to provide a timeline for implementation and to explain how you will evaluate the project's success.

Please include the projected submission date for the project evaluation.

Provide a brief summary of relevant background experiences that will contribute to the success of the proposal.



## Teacher Grant Application

### Project Budget

Be specific about the funds you are requesting and your preferred funding schedule. If you will be purchasing equipment or software, be sure to check with your campus technical staff to verify that all technical requirements have been met. If equipment is requested, please note the current availability of that equipment in your building.

All expenses should be documented in the final project evaluation.

Equipment or intellectual property acquired through the grant shall be the property of MISD.

Name(s) of Applicant(s) \_\_\_\_\_

Contact Phone(s) \_\_\_\_\_

Contact Email(s) \_\_\_\_\_

Title of Project \_\_\_\_\_ Campus \_\_\_\_\_

List all the supplies and/or other expenses required for your grant. You may use more than one page.

	<b>Budget Item</b>	<b>Vendor</b>	<b>Unit Cost</b>	<b>Qty.</b>	<b>Shipping</b>	<b>Total Cost</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Revenue for this project may or may not be available from MISD, state, federal, or private funding.

Please check with your campus principal.

Revenue from other sources is NOT required.

If it is available, please provide an itemized list similar to the one above.

<b>Page Total</b>	
<b>Revenue from other sources</b>	
<b>Total Amount Requested</b>	

Principal Signature \_\_\_\_\_