

(This page will not be seen by the Review Committee)



**Innovative Educator Award Application
Cover Page**

Project Title: _____

Name of Applicant(s)

Signature of Applicant(s)

_____	_____
_____	_____
_____	_____

School(s) _____

Grade(s) _____

(list each grade level)

Subject(s) _____

Number of Students _____

Amount of Grant \$ _____

Primary target population to be served:

___ students

___ parents

___ educators

Implementation dates: _____

Signature of Principal _____ Date _____

Will funds will be used to purchase technology and/or media equipment? (Check one)

Yes No

If yes, please explain

Will funds be used for construction or maintenance? (Check one) Yes No

If yes, please explain

Abstract (no more than 100 words)

Innovative Educator Award Application

IMPORTANT - Do not include the name of your school, educator or any other identifying information in the Project Title or application

Project Title: _____

Grade(s) _____ Subject(s) _____

Number of Students _____ (List each grade level)

CHECK ANY THAT APPLY: This project is:

new to the district new to my school new to me

CHECK ONE: Have you received funds for this project from Springfield Public Schools previously?

Yes No

DIRECTIONS: Please provide a summary for each area listed below.

Need: (Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses district and campus goals.)

Objectives: (State measurable objectives in terms of student behavior or performance.)

Description of Proposed Project/Activity: (Describe what you want to do with the grant funds. List activities and timeline.)

Innovation: (State why this project is innovative or new.)

Evaluation Strategy: (Describe how you will know if your objectives are met. How will you share your program's successes with your peers?)

Partners: (Identify any school and/or community partners involved in the project and their respective roles.)

BUDGET ITEMS

DIRECTIONS: Note the budget distribution for each category. Be specific. Include supporting documentation or bids for purchases.

Budget Items	Amount	Vendor	Budget Code Business Office Use
Supplies (please list)			
Equipment			
Contracted Services (list consultants)			
Other:			
TOTAL			

Grant Applications should be submitted to the SPS Administration Office or a scanned copy emailed to sef@sps.lane.edu.