



# Sunnyvale Education Foundation

*Innovative Teaching Grant Application*

*FALL 2021*

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

\_\_\_\_\_

Primary Contact (include phone/email address): \_\_\_\_\_

\_\_\_\_\_

Grade(s) \_\_\_\_\_

Subject(s) \_\_\_\_\_

Project Title \_\_\_\_\_

*Please provide information according to each section below.*

**OVERVIEW:** Describe the project(s) or item(s) for which you are requesting SEF funds. **Please include in the overview why and/or how this proposal is engaging and challenging.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE/OBJECTIVES:** Tell what you hope to achieve with this grant. Explain how objectives relate to such things as student achievement, college readiness, Campus Improvement Plan, or other selection criteria.

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**IMPLEMENTATION:** Give date of implementation, and describe instructional procedures and educational activities.

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**STUDENTS IMPACTED:** Describe grade levels and number of students impacted, both short term and long term.

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**EVALUATION PROCEDURES:** Explain how you will know the grant project was successful.

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**PRECEDENCE:** To your knowledge, has this grant been awarded by the SEF or by a similar entity to you or anyone else within the past five years?

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**EXPENSE:** (If grant request includes multiple items or parts, please list each expense individually.)

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Are there other sources for funding of this grant?                   \_\_ Y   \_\_ N

    If yes, have you applied for that funding as well?               \_\_ Y   \_\_ N

If yes, from whom have you obtained the other funding and how much did you receive?

\_\_\_\_\_

**REQUESTED AMOUNT OF FUNDING FROM SEF: \$** \_\_\_\_\_

**SCHOOL/COMMUNITY PARTNERS:** Identify school or community partners who may support project with matching funds or provide assistance in implementing the grant.

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**ADDITIONAL INFORMATION:** Include any additional information that may assist the Grant Application Review Committee.

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## APPLICANT(S) SIGNATURE PAGE

**TITLE OF GRANT** \_\_\_\_\_

*Please include the signatures of all grant applicants, adding additional lines if needed.*

*NOTE: Grant Application must be signed by the respective school Principals and Superintendent – refer to Principals and Superintendent Recommendation, following page.*

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
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**Signature**



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## PRINCIPAL AND SUPERINTENDENT RECOMMENDATION

<b><u>PRINCIPAL’S RECOMMENDATION</u></b>	
<b>Principal Name</b>	<b>Signature</b>
<p><b>APPROVED:</b></p> <p>Rank (Circle):    1        2        3</p> <p>Ranking prioritizes on a scale from 1 to 3. How does this grant rank against other grants applied for on your campus? (i.e. 1 = absolute need, 2 = want , 3= nice to have)</p> <p>Notes:</p>	<p><b>NOT APPROVED:</b></p> <p>Notes: <i>(please indicate if SISD has plans in this area, or additional details)</i></p>

<b><u>SUPERINTENDENT’S RECOMMENDATION</u></b>	
<b>Superintendent Name</b>	<b>Signature</b>
<p><b>APPROVED:</b></p> <p>Rank (Circle):    1        2        3</p> <p>Ranking prioritizes on a scale from 1 to 3. How does this grant rank against other grants applied for on your campus? (i.e. 1 = absolute need, 2 = want , 3= nice to have)</p> <p>Notes:</p>	<p><b>NOT APPROVED:</b></p> <p>Notes: <i>(please indicate if SISD has plans in this area, or additional details)</i></p>