



**SFDRCID Education Foundation  
Innovative Teaching Grant Application Cover Sheet**

**Grant Year: 2022-2023**

**Date of Application Submission:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Primary Applicant:** \_\_\_\_\_

**Other Applicants (if applicable):**

_____	_____
_____	_____
_____	_____



**SFDRCID Education Foundation  
Innovative Teaching Grant Application Form**

**Grant Year: 2022-2023**

**Project Title:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Please check one of the boxes below:**

- This is a new application.
- This is a request for continued funding for a previously awarded project.

**Please respond to each of the following questions below:**

Which grade level and/or student group will be served? \_\_\_\_\_

How many students will benefit from this project? \_\_\_\_\_

What is the target date in which this project will be implemented? \_\_\_\_\_

What is the total amount of grant funds being requested? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Abstract/Summary**

In 100 words or less, describe the details of your project. How is it innovative? How will it spark student learning?

**Area of Need**

Briefly describe the area of student need you wish to address. How does your project address this need? Is it aligned with any district and/or campus goals?

**Objectives**

Describe your objectives for this project. How will they be measured?

**Project Timeline**

Provide an estimated timeline of the project's events and activities.

**Community Partners**

Will you involve any community groups or organizations in your project? If so, describe their role and how their participation will support your innovative project.



## Innovative Teaching Grant Grant Reviewer Scoring Matrix

Application #: \_\_\_\_\_ Evaluator # \_\_\_\_\_

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

*Please rank the effectiveness of each item with 3 being high and 1 being low. Circle the number that best describes each statement.*

**Please check the statement below that best describes how you would rank this application.**

Criteria	3	2	1	Weighted Amount	Weighted Total
The proposed project is innovative and sparks student learning.	3	2	1	X 3	
The project need is clearly stated and supports both school district and campus goals.	3	2	1	X 3	
The objectives for the project are specifically stated and measurable.	3	2	1	X 2	
A timeline of activities/procedures is clearly stated and relate to the purpose and objectives of the project.	3	2	1	X 2	
The proposed project includes an evaluation strategy that will determine success of the project (relevant to student performance).	3	2	1	X 2	
The proposed budget is complete, realistic, appropriate and allowable.	3	2	1	X 2	
The applicant explains plans for future sustainability of the project.	3	2	1	X 2	
The proposed project includes participation and support of parents, community and/or business partners.	3	2	1	X 1	
<b>GRAND TOTAL</b>					

**Please check the statement below that best describes how you would rank this application.**

- I would definitely recommend funding this project.
- I would recommend partial funding. Amount? \$ \_\_\_\_\_
- I would recommend funding this project if there were extra money.
- I would not recommend funding this project.

**Additional Comments** (please use back if necessary)