



SFDRCISD Education Foundation Innovative Teaching Grant Application Cover Sheet

Grant Year: 2026 - 2027

Date of Application Submission: _____

Project Title: _____

Campus: _____

Primary Applicant: _____

Other Applicants (if applicable):



SFDRCISD Education Foundation Innovative Teaching Grant Application Form

Grant Year: 2026 - 2027

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.

Evaluation

Briefly describe how you will determine success of the project (relevant to student performance)?

Budget Proposal

List all items or services that will be purchased using grant funds.

Budget Item:	Estimated Cost:	Vendor:
Total Cost of Project:		

Sustainability

Briefly describe how you would continue supporting the project's needs after the ITG grant funds have ended.

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	
GRAND TOTAL					

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)