

# Innovation Grant Application

Thank you for your interest in applying for an Innovation Grant! The purpose of the Grant is to fund initiatives identified as innovative and essential to student learning and meet the goals of the CEP (Community Engagement Plan). The intent is to motivate schools, departments, certificated and classified staff, students and community members to plan and implement initiatives that may include, but not limited to, technology, intervention programs, and parent/community partnerships.

Only applicants with the most ambitious plans that meet or exceed a benchmark standard of innovation will be funded. For purposes of this grant, innovative is not limited to new or untried projects, programs, etc. Applicants may submit a request to expand an existing project, program, etc.

**Applications must be received by 11:59 p.m. on March 1, 2016.**

Note: All applicants must submit a Letter of Intent (LOI). Late or incomplete applications will not be considered. All sections, excluding signatures, must be typed. All projects must show a clear and direct link to the District CEP.

## **\*Required Information**

\*Applicant First Name \_\_\_\_\_

\*Applicant Last Name \_\_\_\_\_

\* Name of school or department targeted in this application \_\_\_\_\_

\*Applicant email \_\_\_\_\_

\*Applicant phone number (Please include area code) \_\_\_\_\_

Applicant alternate phone number (Please include area code) \_\_\_\_\_

**District employee applicant, please complete the section that follows  
(Other applicants may skip this section)**

\*Applicant title/position \_\_\_\_\_

\*Applicant work location \_\_\_\_\_

\*Applicant work email \_\_\_\_\_

\*Applicant work location phone number \_\_\_\_\_

**District student applicant, please complete the section that follows  
(Other applicants may skip this section)**

***The parents of student applicants under 18 will be contacted for verification and consent***

Is the applicant a district student?  Yes  No

If the applicant is a district student, please enter the name(s) of the partner teacher(s) and/or partner administrator(s).

\*Students must have at least one partner teacher and/or administrator to be considered for the grant.

\_\_\_\_\_

District email of partner teacher(s) and/or partner administrator(s) \_\_\_\_\_

Is the student under 18 years old?  Yes  No

If the student is under 18 years old, please enter the parent/guardian name \_\_\_\_\_

If the student is under 18 years old, please enter the parent/guardian phone number \_\_\_\_\_

**Parent, community member or community organization applicant, please complete the section that follows  
(Other applicants may skip this section)**

***\*If the applicant is a district parent, community member, or community organization  
please enter the names(s) of the partner teacher(s) and/or partner administrator(s).***

Parents, community members, and community organizations must have at least one partner teacher and/or administrator to be considered for the grant.

\_\_\_\_\_

\*District email of partner teacher(s) and/or partner administrator(s) \_\_\_\_\_

If the applicant is an organization, please enter the organization name \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE ITEMS BELOW**

***\*Project description***

Please describe the project, which you will seek funding. Your response is limited to 1500 characters.

***\*Project goals***

Please describe the project goals, which you seek funding. Your response is limited to 1500 characters.

***\*Project outcomes***

Please describe the project outcomes, which you seek funding. Your response is limited to 1500 characters.

***\*Link to the District's Community Engagement Plan (CEP)***

The project must have a clear and direct link to one or more of the plans and/or action steps in one or more of the 9 strategies of the CEP. The link must be articulated explicitly by referencing the CEP strategy(ies), plan(s) and/or action step(s) and by describing how the project will meet the identified CEP strategy(ies), plan(s), and/or action step(s). You can access the District's CEP by going to [www.sbcusd.com/strategies](http://www.sbcusd.com/strategies).

Your response is limited to 3000 characters.

***\*Requested funding level***

Please select one. All amounts are maximums. For example, if your project is budgeted to cost \$173,000, you will select a funding level of \$200,000. Mark only one.

- \$200,000
- \$100,000
- \$30,000
- \$15,000
- \$7,500

***Project Budget***

On this page you will submit your budget narrative. In your budget please consider items that may increase your overall amount. Some examples are, but not limited to taxes, shipping costs, installation costs, meals, warranties, maintenance agreements, etc.

