OXFORD SCHOOL DISTRICT
FOUNDATION

Teacher Innovation Grants Application Form

Please help us to understand your project and what makes it so special! A catchy title and description can help us better promote you and our district to the general public and raise more money for teacher innovation grants. Thank you!

Name(s): _____

Position/Grade(s): _____

School(s): _____

Email address: _____

Project Title (8 words or fewer): _____

Amount requested: _____

Have all teachers included on the proposal consented to being included?　　　YES　　　NO

_____

[To be completed by Principal]

	YES	NO
Did the teacher request funding for the project from you before submitting this application to you?		
Are funds available in your school's existing budget for this project, or do you anticipate making the funds available in next year's budget?		
Are funds available through other district budgets or resources? Are funds available from the PTA?		
Are the requested materials available elsewhere in the school building (in the library or computer lab, for example)?		
If OSDF is only able to award partial funding for this project, could the project still occur in a modified form?		

I have reviewed this funding proposal, and I authorize the applicant to request funds from OSDF and conduct the activities as described.

_____　　　_____
Principal Signature (electronic signature allowed)　　　Date