



**COVER PAGE**

McGregor ISD Education Foundation  
 Innovative Classroom Grant Application

<b>APPLICANT INFORMATION</b>
Submitted By:
Title(s):
Name of Chairman of Project:
Campus:
Phone:
Email Address:
<b>PROPOSED PROJECT SUMMARY</b>
Title of Proposed Project:
Brief Project Description:
Number of Students to be Served:
Grade Levels to be Served:
Subject(s):
Number of Staff to be Served:
Is this request for a new item or a replacement item?
Anticipated Date of Implementation:
Anticipated Date of Completion:
Anticipated Evaluation Date:
<b>BUDGET SUMMARY</b>
Total Project Budget: \$
Total Dollar Amount Requested: \$
Percentage of Requested Funds to Total Project Budget:
Funding From Other Sources: \$

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Technology Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**McGregor ISD Education Foundation  
Innovative Classroom Grant Application**

**NOTE: Cover Sheets will be removed prior to application review. All proposals are reviewed anonymously. Do NOT include staff names in the application.**

<b>PROJECT SUMMARY</b>
Title of Proposed Project:
Number of Students to be Served:
Grade Levels to be Served:
Subject(s):
Number of Staff to be Served:
Is this a request for a new item or replacement item?
<b>PROJECT TIMELINE SUMMARY</b>
Anticipated Date of Ordering Materials:
Anticipated Date of Implementation:
Anticipated Date of Completion:
Anticipated Evaluation Date:
<b>BUDGET SUMMARY</b>
Total Project Budget: \$
Total Dollar Amount Requested: \$
Percentage of Requested Funds to Total Project Budget:
Funding From Other Sources (Please state the source and the amount): \$





