# Innovative Teacher Mini-Grant ApplicationC:\Users\User\Pictures\RBEF\NEW LOGO.png

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| --- | --- |
| Contact Information |  |
|  |  |
|  | Name | Email Address |
| Lead Teacher |  |  |
| Teacher |  |  |
| Teacher |  |  |
| School Site |  |

|  |  |
| --- | --- |
| Grant Overview |  |
|  |  |
| Grant Title |  |
| One sentence that clearly describes your project  |  |

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| Requested Funding – Collaborative Teams |
|  |
| \_\_\_\_ Less than $1,500\_\_\_\_ $1,500 - $2,500  |
| \_\_\_\_ $2,500 - $5,000  |

|  |  |
| --- | --- |
| Agreement and Signatures |  |
| I (We) understand our complete and signed application must be submitted by email to contact@rbef.org on October 11, 2024. I (We) agree to fulfill the requirement to submit paid receipts for expenditures, to inventory all purchased equipment and materials with the Redondo Beach Unified School District (RBUSD) and to send in a one-page impact report by June 20, 2025. I (We) understand that failure to submit the one-page report will result in lack of eligibility for an RBEF teacher grant in the following school year. I (We) understand that all major equipment and/or instructional materials purchased with this grant are the property of and must remain in the RBUSD.  |
|  |  |
|  | Signature | Date |
| Lead Teacher |  |  |
| Supervisor/Principal |  |  |
| Educational Services/Allison Garland |  |  |
| CTO Susana Garcia |  |  |

|  |  |
| --- | --- |
| Office Use Only |  |
| Date Received |  |
| Grant Number |  |

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The grant selection process will be anonymous. Your application will be identified by a grant number only. Please do not include your name(s) or the name of your school in the body of your application.

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| --- | --- |
| Student Population |  |
|  |  |
| Number of students impacted |  |
| Student grade level(s)  |  |

|  |  |
| --- | --- |
| Project Description |  |
|  |  |
| **Objective**What is the objective of your project and what challenges will it address? |  |
| **How** Describe how the project will be implemented. |  |
| **Standards**What curriculum will this project support or extend? |  |

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| Project Innovation  |
| Explain how your project is innovative or progressive. How does your project “think out of the box?” |
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| Alignment with College and Career Readiness Focus  |
| Describe how your project supports the RBUSD College and Career Readiness initiative.  |
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| --- | --- |
| Plan for Evaluating Student Impact |  |
|  |  |
| **Evaluation**What outcomes do you expect to achieve and how will you measure success? Please be prepared to provide documentation (including photos) with your impact report.  |  |

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| --- | --- |
| Budget Detail – Applicants MUST attach documents to support itemized costs (vendor quotes, etc.) |  |
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| Item Description | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL |  |