



in partnership with:



Grant Application No:
(assigned by NNEF)



2024 Teacher Innovation Mini Grant Cover Page

Date: _____

School: _____

Teacher(s) Name(s) (if more than one teacher listed, please indicate a contact person): _____

Contact Phone: _____

Email: _____

Grade/Subject/Department: _____

Resource Person(s) (if any): _____

Title of Project: _____

Please check each item on the checklist to confirm you've met all requirements

I have not included the school name, acronym or teacher names on the application.

This grant does not ask the foundation to fund personnel or field trips.

My/our signature(s) certifies the following:

- All information contained in this application is correct.
- I/We have reviewed the proposal with my/our building principal and am/are authorized to submit it.
- I/We understand that I/we will submit a one page final report to the Newport News Education Foundation in December 2024 stating the results of the project.
- I/We understand that if I/we receive partial funding, and am/are unable to complete the project as projected due to incomplete funding, that I/we will return the grant award to the NNEF and notify them immediately.
- I/We understand that if I/we am/are assigned to a new school during the grant period, the new principal must approve the proposal to continue the project or funds must be returned to NNEF.
- By checking the above items and signing below, I/we certify that I/we have followed all instructions on the application. If the instructions are not followed, I/we recognize that my/our application may not be considered by the committee.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Principals: By signing this page, I confirm that I have read through the application, the project can be completed at my building and this grant does not ask for the funding of items that are currently funded within instructional budgets of the school.

Principal's Signature _____

Date: _____

Teacher Innovation Mini Grant Application

PLEASE DO NOT IDENTIFY TEACHERS OR SCHOOLS ON THE NEXT TWO PAGES

Title of Project: _____

Summary of Project (50 words max.)

How does this project contribute to the NNPS mission?

Has this project been funded previously? Yes No **If so, when?** _____

Innovation/Innovative Component (What is new or different about this project for your class/school?)

Activities Planned (Also include way(s) in which this project will be implemented into your regular program.)

