



## Public Education Partners Fall 2023 Classroom Innovation Grant Application

### COVER SHEET

CATEGORY (Please Check One)

A) Up to \$250

B) Up to \$500

Project Title: \_\_\_\_\_

Teacher name(s): \_\_\_\_\_

Subject/Grade: \_\_\_\_\_

School: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number of students impacted: \_\_\_\_\_

Please adhere to the following guidelines:

- |   |   |
|---|---|
| <input type="checkbox"/> Appropriate category checked                       | <input type="checkbox"/> Cover sheet completed                                      |
| <input type="checkbox"/> Applications submitted by due date                 | <input type="checkbox"/> Budget is completed  |
| <input type="checkbox"/> Applications and additional pages are single-sided | <input type="checkbox"/> Does not mention teacher or school name within application |
- You agree that if you are announced as a winner- you will provide a photo for media and consent to use.

**Submit completed application electronically before 10/20/23, to:** Public Education  
Partners pepedaiken@gmail.com  
**Public Education Partners**  
**Fall 2023 Classroom Innovation Grant Application**

Please type or print neatly on the two project pages only (do not attach additional pages).

\*Please refrain from including distinguishing characteristics such as school/teacher names to help us maintain objectivity during the grant review process.

Project Title: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_ Number of Students Impacted: \_\_\_\_\_

Grant Category (Please Check One):                      A) Up to \$250                          B) Up to \$500   

**Project Summary:**

Describe the project you want to implement or expand. Please make sure your summary addresses the following questions:

- How is the project innovative? How will the project enhance instructional practice? How will the project inspire and engage students?

**Project Purpose:**

List the learning objectives of the project. Please include a summary of the results/improvements anticipated.

**Evaluation:**

How will these results be measured?

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**Additional Information:**

Please include any additional information you would like the reviewers to know about this project.

**Project Budget:**

Item	Supplier (Provide link, if possible)	Estimated Cost
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**Project Total:**

\$
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If the amount requested is less than the total cost of the final project, please describe how the additional funds will be raised.

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**Project Signatures(Can be electronic signatures):**

Signature(s) of Applicant(s):

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**Approved for submission to Public Education Partners:**

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Signature of Principal

Public Education Partners is a nonprofit organization under Section 501(c)(3) of the Internal Revenue code. Your contribution may tax-deductible. Check with your tax advisor.