

Technology Grant Application



BAKERSFIELD CITY SCHOOL DISTRICT EDUCATION FOUNDATION

TECHNOLOGY GRANT

Up to \$1,000.00 per Individual or up to \$2,000 per Team.

APPLICANT INFORMATION

Please type your application on this page or reproduce the application of equal length on computer. Please prepare proposals in a minimum of 11-point type. All applications must be typed, not handwritten. Applicant is defined as any staff member who has daily and direct interactions with students.

Lead Applicant (First Name, Last Name): _____

Position: _____ Contact Phone: (____) _____

Other Staff Members Involved in Project:

School: _____

SUBMISSION

Individual

Partner

Applications must be received by no later than 4:30 P.M. on Friday, the first week in April. Originals Only. Faxes/Copies/Emails will not be accepted.

Please mail or deliver original application to:

BCSD Education Foundation
c/o Business Services
1300 Baker Street
Bakersfield, CA 93305

Additional information, attachments, or other supporting materials will not be accepted. Applications exceeding this three-page form will be disqualified.

Need Help? Please call Latonya Thompson at 631-4678 or email to thompsonla@bcsd.com

CERTIFICATIONS

I certify that the proposed project will integrate into the core curriculum and align with standards.

Signature of Lead Applicant

Date

I certify that the applicant noted above is employed at my school, I am aware of his/her project, and that I will provide the support necessary to allow the project to take place in a timely fashion.

Signature of School Principal

Date

PROJECT INFORMATION

Project Title (brief): _____

Project Subject Area: _____

CA State Standard (ELA/Math/Tech/NGSS): _____

Project Grade(s): _____ No. of Students Involved: _____

Project Start Date: _____ End Date: _____

Please describe the following in the space provided:

- Student Learning Objectives using proposed TECHNOLOGY:

- Methods of Instruction using proposed TECHNOLOGY:

- Method of Evaluation including a brief description of CA Standards and how it related to your project:

- Project Timeline:

- For partner/team applications only: Strengths and roles of each partner are adequately addressed

BUDGET

Funds will cover supplies and equipment. Budget will not cover extra pay, substitutes, classified extra pay, employment tax, travel/conference or consultants' fees.

List items to be purchased and their costs, INCLUDING estimated tax and/or shipping fees. Combine like items so that there are no more than three categories.

Please note that individual applications may be awarded up to \$1,000 and team applications may be awarded up to \$2,000.

Description	Amount	Vendor
1.	\$	
2.	\$	
3.	\$	
TOTAL REQUESTED (up to \$1,000 individual or up to \$2,000 team)	\$	

How will the hands-on material(s) listed in the budget above be used? Be specific.