Technology Integration Grant Proposal

Applicant Information

Organization/School Name:

_____

Primary Contact Name & Title:

_____

Contact Email:

_____

Contact Phone Number:

_____

Project Overview

Project Title:

_____

Brief Project Summary:

_____

Project Description

Needs Statement:

_____

Project Goals & Objectives:

_____

Proposed Technology & Integration Plan:

_____

Implementation Timeline:

_____

Budget Overview

Requested Funding Amount:

_____

Budget Breakdown:

- _____
- _____
- _____

Evaluation & Sustainability

How will success be measured?

_____

Sustainability Plan:

_____

Authorization

Signature:

_____

Date:

_____