

**\*\* DO NOT STAPLE**

Reserved for EP number \_\_\_\_\_

**Savannah River Nuclear Solutions, LLC  
2017 Innovative Teaching Mini Grants Program Application**

**PLEASE ADHERE TO THE FOLLOWING RULES:**

1. Type or print neatly, single-sided; do not write on back
2. Submit original application
3. Include the full names of each teacher. Do not write your name or team members' names within the body of the grant. This includes supporting sheets printed from your home/school internet account. **Grants with teachers' names, school names or more than four team members will be disqualified.**

**CATEGORY (CHECK ONE)**     **A (\$500)**                       **B (\$750)**                       **C (\$1000)**

Project Title: (up to 90 characters) \_\_\_\_\_

Lead Teacher's Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Team Members Full Name (Indicate Mr. Ms. Mrs.)

Team Member 2 \_\_\_\_\_ Team Member 4 \_\_\_\_\_

Team Member 3 \_\_\_\_\_

Teacher's Subject /Grade Level \_\_\_\_\_

School Name \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address (Street or P.O. Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Would you like to be a displayer at the Mini Grants ceremony? Yes  No

**APPLICATION CHECKLIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Team consist of no more than four members   | <input type="checkbox"/> Application NOT staples                                       |
| <input type="checkbox"/> Appropriate category checked (A, B or C)  | <input type="checkbox"/> Do Not Mention School name/district within grant writing      |
| <input type="checkbox"/> Budget/cost estimates completed   | <input type="checkbox"/> Principal's Email Address included                            |
| <input type="checkbox"/> Budget amount not to exceed Category dollar amount unless indicated how additional funds will be obtained | <input type="checkbox"/> Categories B&C Project Plan Implementation scheduled included |
|  | <input type="checkbox"/> Applications and additional pages are single-sided            |

\_\_\_\_\_  
Signature of Teacher                                      Date

\_\_\_\_\_  
Signature of Principal                                      Date

\_\_\_\_\_  
Principal's Name (Printed)

\_\_\_\_\_  
Principal's Email Address

**Mail completed application to:** Gladys N. Moore, Program Coordinator  
Innovative Teaching Mini Grants  
Savannah River Nuclear Solutions, LLC  
Building 730-1B, Rm. 2143  
Aiken, SC 29808

Applications MUST be received in our office by close of business March 3, 2017. No fax copies accepted. Applications cannot be hand delivered by non-SRS employees.

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**(For the sake of objectivity and eligibility, do not include school/teacher names within application.)**

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

Grade Level and Subject Area \_\_\_\_\_ Number of Students Affected \_\_\_\_\_

**Project Summary**

(Briefly describe your project and expected results.)

**Goals and Objectives**

(List learning objectives and curriculum concepts to be enhanced by this project.)

**Student Involvement**

(Describe how students will be involved.)

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**Project Budget**

(Provide an itemized list of materials and their estimated cost. Make sure your budget is reasonable, appropriate and specific.)

<u>Item</u>	<u>Supplier</u>	<u>Estimated Cost</u>
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\_\_\_\_\_  
**Total Cost**

**Evaluation**

(Describe how you will measure the effectiveness of this grant. Explain how the activities directly related to your objective.)

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**COMPLETE FOR CATEGORIES B & C ONLY**

**DO NOT INCLUDE THIS PAGE IF SUBMITTING CATEGORY A (\$500) GRANT**

**Project Plan**

(Give details of your project plan, short and long term.)

**Implementation Schedule**

(Detail time line for implementation, short and long term.)

**Cost Sharing**

(If your project requires more than the amount granted, describe how you will secure additional funding.)