

in partnership with:

Grant Application No: (assigned by NNEF)

NATIONAL COUNCIL OF JEWISH WOMEN HAMPTON ROADS CHAPTER



## 2025 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 a  | Il requirements  |
| I have not included the school name, acronym or teacher name   | nes on the application.  |
| This grant does not ask the foundation to fund personnel or  | •  |
| My/our signature(s) certifies the following:   |  |
| <ul> <li>All information contained in this application is correct.</li> <li>I/We have reviewed the proposal with my/our building princip</li> <li>I/We understand that I/we will submit a one page final report to of the 2025-26 school year.</li> <li>I/We understand that if I/we receive partial funding, and am/a incomplete funding, that I/we will return the grant award to the</li> <li>I/We understand that if I/we am/are assigned to a new school the proposal to continue the project or funds must be returned.</li> <li>By checking the above items and signing below, I/we certify the lift the instructions are not followed, I/we recognize that my/out the statement of the instructions are not followed.</li> </ul> | o the Newport News Education Foundation by the end<br>re unable to complete the project as projected due to<br>e NNEF and notify them immediately.<br>during the grant period, the new principal must approve<br>to NNEF.<br>at I/we have followed all instructions on the application |
| 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 \_\_\_\_

## 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.)

**Evaluation** (What measurements and/or procedures will be used to evaluate the results of the project and document the outcome?)

**Financial Data** (What materials will you need for this project? Please list all ordering information including material(s) needed, source(s) for ordering, cost(s) and shipping expenses.)

| Materials Needed | Company | Cost |
|------------------|---------|------|
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otal Amount of Financial Assistance Requested:

Please return completed applications electronically to:

dale.mingilton@nn.k12.va.us

If you have questions regarding the application, please contact Dale Mingilton

Mini Grant Application Deadline:

Wednesday, April 14, 2025 by 4 pm. via email.