



BAKERSFIELD CITY SCHOOL DISTRICT EDUCATION FOUNDATION

TECHNOLOGY GRANT

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

APPLICANT INFORMATION

proposals in a minimum of 11-point type. All applications staff member who has daily and direct interactions with	the application of equal length on computer. Please prepare ons must be typed, not handwritten. Applicant is defined as an h students.
Position:	Contact Phone: ()
Other Staff Members Involved in Project:	
School:	
SUBMISSION Individ	dual Partner
Applications must be received by no later than 4:30 P.M	1. 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 suppoexceeding this three-page form will be disqualified.	
Need Help? Please call Latonya Thomps	son 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 provide the support necessary to allow the project to	at my school, I am aware of his/her project, and that I will o 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.