



## Hillsborough Council Teachers of Mathematics

2017 - 2018

### H.C.T.M. Grant Application

#### COVER SHEET

Name: \_\_\_\_\_

School: \_\_\_\_\_

Teaching Position: \_\_\_\_\_

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

#### Important Notes to remember:

- You must be a member of HCTM (either your school has a membership or you have an individual membership)
- If you are awarded the grant, you will be responsible for creating a shopping cart with items requested
- Total must be for \$500 or less (be sure to take taxes & shipping into consideration)
- This grant should take into consideration the long term impact and how it can influence student learning over time.

Send to Linda Pittman at Dunbar Elementary, Route 1, by March 2nd, 2018. Electronic submissions will be accepted.



# Hillsborough Council of Teachers of Mathematics

## H.C.T.M. Classroom Grant Application

### 2017 - 2018

*Please DO NOT write your name and/or school in any of the questions below.*

**1. Background Information**

Title: \_\_\_\_\_

- School-wide Demographic Data
- Background of students being impacted by this grant proposal

**2. Needs Assessment** - Why is this grant proposal imperative for your student achievement?

**3. Description of Grant Proposal** – Provide implementation timeline and how grant proposal aligns to the standards.

**4. Impact** - How will student achievement be measured to ensure the goals of this proposal are met?

**5. Itemized Budget:** Complete the table.

Vendor/Company	Item # / SKU	Brief Description of Item	Quantity	Price	Shipping

**Total Amount Requested** \_\_\_\_\_ *(Take into account shipping if necessary)*