



**NEBRASKA DEPARTMENT OF EDUCATION
INNOVATION GRANT PROGRAM – GRANT APPLICATION INFORMATION SHEET**

NDE Form: 02-081
Date Approved: 09-28-16
Date Due: 12-14-16

- FOR OFFICE USE ONLY -			
<i>TYPE OF APPLICANT</i> (Indicate Type of Applicant with "X")		<i>DATE RECEIVED</i> (Month, Day and Year)	
Public School District			
Educational Service Unit		<i>NDE COUNTY DISTRICT NUMBER</i>	<i>COUNTY</i> (County's Name)
Other Local Education Agency (Specify)			

- APPLICANT INFORMATION -			
APPLICANT'S NAME (Local Education Agency)			
<i>Address</i> (Street, City and Zip Code)			
AUTHORIZED REPRESENTATIVE'S NAME			
<i>Address</i> (Street, City and Zip Code)			
<i>Phone Number</i>		<i>Email Address</i>	
FISCAL AGENT'S NAME			
<i>Address</i> (Street, City and Zip Code)			
<i>Phone Number</i>		<i>Email Address</i>	

- PROJECT INFORMATION -			
PROJECT TITLE			
PRIORITY CONSIDERATION (Select <u>ONLY ONE</u> , with "X")		TYPE OF INNOVATION GRANT (Phase I Development Grants <u>ONLY</u>)	
<i>High Needs Students</i>		<i>Phase - I Development Grant</i>	X
<i>Students in "Needs Improvement" School</i>		<i>Phase II - Validation Grant</i>	
<i>Focus on AQuESTT Tenet</i>		<i>Phase III - Scale-Up Grant</i>	
<i>Leveraging Technology</i>		LENGTH OF GRANT (Number of Months - <u>30 Months Maximum</u>)	
OPTIONAL COMPETITIVE PREFERENCE PRIORITY: Matching Funds (% of Total Project Budget Amount - <u>25% Minimum</u>)			

- PROJECT DESCRIPTION -
<p><i>In 250 words or less, briefly describe the project, including goals, objectives and targeted outcomes for the student population(s) served.</i></p>