PLEASE NOTE: Proposals will be reviewed anonymously. To ensure anonymity, the cover sheet will be removed and the proposal will be coded. Write the description and budget sections with no reference to your school or district. Your principal and district curriculum person must review and sign the proposal. Your Assistant Superintendent or Director of Curriculum will submit your proposal to the Westside Impact Executive Director.

Names:

District:

School:

Grade(s) or Subject Area(s):

Title of Proposal:

Amount Requested:

I understand that our proposal will be considered ONLY if it follows the guidelines outlined in the instructions. The requested funds cannot exceed $1600; the proposal description (excluding the budget justification page) cannot exceed three pages and must be in size 10 font or larger.

____________________________________________________        __________________________________________________________
Principal Approval                            District Curriculum Assistant Superintendent or Director
CHECKLIST

☐ We used the latest proposal application. It has “6-4-2021” at the bottom left-side of each page

☐ Our proposal meets the criteria for a Collaborative Innovation as defined in the Instructions

☐ Our application is typed in 10 font or larger

☐ We have made NO mention of our district and school in the proposal and budget pages

☐ Our proposal narrative does not exceed three pages

☐ We used the appropriate rubric/scoring sheet as a guide when writing our proposal

☐ The math on our budget page is accurate and matches the amount listed on the cover sheet and narrative page. It does not exceed $1600

☐ Our principal(s) has/have approved this proposal and signed the cover sheet

____________________________________________________________________________________    _______________________________
Teacher’s Signature        Date

____________________________________________________________________________________    _______________________________
Teacher’s Signature        Date

____________________________________________________________________________________    _______________________________
Teacher’s Signature        Date

____________________________________________________________________________________    _______________________________
Teacher’s Signature        Date

____________________________________________________________________________________    _______________________________
Teacher’s Signature        Date
COLLABORATIVE INNOVATION PROPOSAL

Number of Students to be Served: ___  Grade level(s) ______________

Budget Requested: ___

Innovation Description: Please use the appropriate rubric as your guide to complete this. This must be limited to three pages or less.

Innovation Overview: (This is your opportunity to explain clearly what it is you want to do. Within the criteria listed, you must clearly explain the teacher AND student interdependence and collaboration. See WESTSIDE IMPACT COLLABORATIVE INNOVATIONS REQUIREMENTS, starting on Page 2 of the Innovation Proposal Instructions)

Innovation Objectives: (This is your opportunity to explain the learning outcomes for the students and how these will be measured. If the proposal is multi-grade level and/or multi-subject, this section must include objectives for all levels and/or areas.)

Innovation Evaluation: (This is your opportunity to explain how you will know if your objectives were met.)
2021-2022 WESTSIDE IMPACT
FALL INNOVATION PROPOSAL
BUDGET JUSTIFICATION

Innovation Name: _______________________________________

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<th>Quantity</th>
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TOTAL

Please check the appropriate box below:

☐ This budget includes tax & shipping where needed

☐ There is no tax and/or shipping required with this budget

☐ The district/school has agreed to pay all taxes & shipping costs