



Charter Innovation Funding
-SGT Request Form-

School: _____ Innovation Title: _____
 Amount Requested: _____ Date of SGT: _____
 Approval/Vote*: _____

Innovation Rationale: The innovation must be designed to improve student academic achievement in a manner that is aligned with School Improvement Plan goals and/or the school's choice academy focus (K-5). Please reference supporting research, flexibility sought, & SIP/charter goals where applicable.

Evaluation**: Describe how the initiative will be monitored and evaluated.

Budget Summary:

Item	Amount	Per Unit Cost	Total

Total: _____

SGT Chair Signature

Principal Signature

Approved _____ Denied _____ (see attached correspondence)

Superintendent's Signature

Date

*This action must be reflected in the SGT meeting minutes.

**The results of the initiative must be presented at the end of the school year and documented in the SGT meeting minutes.