# 2019-2020 Flanagan Innovation in Mathematics Education Grant

# How to use this form: Please furnish all requested information. After completing this form, please save the document, then print and sign. This form serves as the cover page of your proposal.

**Title of Proposal:**

**Brief Abstract** (not to exceed 150 words) outlining the objectives of your proposal.

*The abstract of the winning proposal will be published on the VCTM Website and in the VCTM Newsletter.*

**Target Population** (e.g., Grade Band):

**Amount Requested**:

**Primary Applicant Personal Information**

*The primary applicant will be considered as the project coordinator and will serve as the primary point of contact. The primary applicant must be a current VCTM member as of December 1, 2018.*

**Name** (Mr./Mrs./Ms./Dr. First, Middle, Last):

**Home or Mobile Phone Number**:

**E-mail Address**:

**Home Address**:

**School Name and Address**:

**School District Name**:

**Current Position**:

**Number of years teaching mathematics**:

**VCTM Membership Number**:

“I grant permission to use my name, project description, and photographs for publication purposes.”

**Required Signature**: **Date**:

**Co-Applicant Personal Information**

**Name** (Mr./Mrs./Ms./Dr. First, Middle, Last):

**Home or Mobile Phone Number**:

**E-mail Address**:

**Home Address**:

**School Name and Address**:

**School District Name**:

**Current Position**:

**Number of years teaching mathematics**:

**VCTM Membership Number** *(optional for co-applicants):*

“I grant permission to use my name, project description, and photographs for publication purposes.”

**Required Signature**: **Date**:

**Co-Applicant Personal Information**

**Name** (Mr./Mrs./Ms./Dr. First, Middle, Last):

**Home or Mobile Phone Number**:

**E-mail Address**:

**Home Address**:

**School Name and Address**:

**School District Name**:

**Current Position**:

**Number of years teaching mathematics**:

**VCTM Membership Number** *(optional for co-applicants):*

“I grant permission to use my name, project description, and photographs for publication purposes.”

**Required Signature**: **Date**:

*(If there are additional co-applicants, please copy this page and supply the required information for each.)*