



## 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:**

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### **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:**

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**Co-Applicant Personal Information**

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

**Home or Mobile Phone Number:**

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**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:**

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