



INNOVATIVE CURRICULUM SUPPORT GRANT COVERSHEET

1. Project Title: _____

2. Project Director's Name: _____

Project Director's Social Security Number: _____

(Project Directors receiving a grant of \$600 or more will receive the [1099 tax form](#). Please ask your tax advisor for details.)

3. NCSTA Membership Number and expiration date: _____

4. School Name: _____

Address: _____

County: _____

Email: _____

5. Phone Numbers: _____ (School)

_____ (Home)

_____ (Cell)

If awarded a grant, you agree to abide by the general NCSTA guidelines for this grant. This includes a required presentation at the annual NCSTA Professional Development Institute and/or writing a brief article for The Science Reflector Newsletter to share the results of your project.

Signature of Project Director

Signature of Local Administrator
(principal or school district superintendent that will sign coversheet)

Date

Date

All *complete* proposals must be *received* no later than September 15th (Fall Deadline) or March 15th (Spring Deadline). A complete proposal consists of an emailed proposal and an ICSG cover sheet. Coversheet can be mailed to the address below or scanned in the computer and emailed.

Please mail or email to:

Lori Peyton
2119 High Ridge Church Rd.
Marshville, NC 28103
lori.peyton@ucps.k12.nc.us