**National Council of Teachers of Mathematics**

**Mathematics Education Trust (MET)**

**Proposal Cover Form**

2019-2020 MET Awards, Grants, and Scholarships

**Designing Innovative Lessons and Activities for Mathematics Teaching (K–8)**

**How to use this form:** Please furnish all requested information (use the “Tab” key to move from one line to the next). After completing this form, please save the document in Microsoft Word (then print and sign). This form serves as the top page of your proposal. The proposal **(as one PDF document**) is to be submitted electronically to [metgrants@nctm.org](mailto:metgrants@nctm.org) by 11:59 PM ET on November 2, 2018. **No mailed or** **faxed copies will be accepted. Duplicate or revised applications will not be considered. Lack of an applicant’s signature will automatically disqualify the proposal.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | 1. Where did you hear about this grant? | |  | | 1. What is the title of your proposal? | |  | | 1. Please write a brief abstract (not to exceed 150 words) outlining the objectives of your proposal. (*NOTE: Abstracts of winning proposals will be published*.) | |  |   **Designing Innovative Lessons and Activities for Mathematics Teaching (K–8)**  Amount requested: | | | | | | | |
| **PRIMARY APPLICANT PERSONAL INFORMATION**  *First Name Middle Last Name* | | | | | | | |
|  |  | |  |  | | | |
| Home Phone: | | | | | School Phone: | | |
| Preferred E-mail Address: | | | | | | Fax Number: | |
| Home Address: | | | | | | | |
| City: | | State/Province: | | | | | Zip/Postal Code: |
| Current teaching level (listing all that apply)  PreK, K, 1, 2, 3, 4, 5: | | | | | | | |
| Number of years teaching mathematics of primary applicant: | | | | | | | |
| School Name: | | | | | | | |
| School Address: | | | | | | | |
| City: | | State/Province: | | | | | Zip/Postal Code: |
| Current school type (click and choose from list): | | | | | | | |
| School’s home page (if available): | | | | | | | |
| NCTM membership number: | | | | | | | |
| Signature Required (*Lack of an applicant’s signature will automatically disqualify the proposal.*)  I grant permission to use my name, project description and photographs for publication purposes  **Signature:** **Date:** | | | | | | | |
| **CO-APPLICANT PERSONAL INFORMATION**  *First Name Middle Last Name* | | | | | | | |
|  |  | |  |  | | | |
| Home Phone: | | | | | School Phone: | | |
| Preferred e-mail Address: | | | | | | Fax Number: | |
| Home Address: | | | | | | | |
| City: | | State/Province: | | | | | Zip/Postal Code: |
| School Name: | | | | | | | |
| School Address: | | | | | | | |
| City: | | State/Province: | | | | | Zip/Postal Code: |
| School’s home page (if available): | | | | | | | |
| **CO-APPLICANT PERSONAL INFORMATION**  *First Name Middle Last Name* | | | | | | | |
|  |  | |  |  | | | |
| Home Phone: | | | | | School Phone: | | |
| Preferred e-mail Address: | | | | | | Fax Number: | |
| Home Address: | | | | | | | |
| City: | | State/Province: | | | | | Zip/Postal Code: |
| School Name: | | | | | | | |
| School Address: | | | | | | | |
| City: | | State/Province: | | | | | Zip/Postal Code: |
| School’s home page (if available): | | | | | | | |
|  | | | | | | | |

**Expected and Potential Participants (collaborative writers)**

|  |  |  |  |
| --- | --- | --- | --- |
| Person | Institution | Level (Pre-K-8), (9-12), College, Pre-Service | Position |
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**Who will act as the financial agent for this grant?**

Name:

Address:

Phone:

IRS Tax Identification Number: