



Technology Grant Addendum

(Attach to Grant Application)

Project Name: _____

Primary Applicant (one name please): _____

I. Need for the proposed technology:

Please identify how this particular technology is critical to meeting the pedagogical goals of the district. It is noted that the use of technology can provide a benefit to a comprehensive education. However, for the purposes of this question please be specific about how the use of the requested technology is critical to achieving those pedagogical objectives that are apart from simply the use of technology. Where appropriate, please describe how these pedagogical objectives are or are not currently being addressed in the curriculum.

II. Technology Equipment Use Plan

Please describe the districts plans regarding the continued use of this technology. Include who will maintain possession of the equipment during and after the school year. Will the district, in approving this grant, assume responsibility for maintaining the equipment in good working order? If not, how does this affect the use of the equipment in the classroom? For instance, if a teacher were requesting one device per student and the district chose not to replace a device that was accidentally damaged by a student during the year, how would this impact the use of that technology in the classroom?

III. Evaluation Measures (Technology):

A. In addition to the evaluations required by the Grant Application document, please provide a detailed explanation of how the effectiveness of this technology will be evaluated.

B. Please list what information will be sought and/or list the types of questions to be asked.



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C. How will the feedback be used and/or shared to help improve the project or improve future projects?

D. How and when will you share evaluation results with BWEF? Also please describe this in detail how this information will be provided to BWEF at the end of the project.

By signing this technology addendum, I acknowledge and agree to abide by all BWEF Grant Guidelines. I further acknowledge that this grant has been reviewed and approved by the District Technology Coordinator per their below signature:

Applicant Signature: _____ **Date:** _____
(insert electronic signature or print name and date)

Principal Signature: _____ **Date:** _____
(insert Principal's electronic signature or have principal email his/her approval to grants@bwedfoundation.org)

District Technology Coordinator (or assign):

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

For questions or more information, please email grants@bwedfoundation.org