



IEAL-J COVID-19 Education Intervention Grant

Intervention Proposal

SCHOOL NAME AND LOCATION		
NAME OF PRINCIPAL		
PROPOSED INTERVENTION		
DESCRIPTION OF INTERVENTION		
TARGET GROUP		
OBJECTIVES AND SUCCESS CRITERIA		
INTERVENTION REQUIREMENTS		
AUTHORITY LEVEL		
TEAM MEMBERS (SPECIFY MANAGER WITH OVERSIGHT)		
TIMELINE		
SUMMARY MILESTONES	DATES	
BUDGET		
EXPENDITURE	COST \$	SOURCE OF FUNDS

PROPOSED USE OF FUNDS		
THIS INTERVENTION WAS	APPROVED	NOT APPROVED
COMMENTS:		

Submitted by Date: _____

Submitted by: _____ Signature: _____