

## **BEGINNING TEACHER NETWORK GRANT APPLICATION**

EDUCATION STANDARDS AND PRACTICES BOARD SFN 60432 (06-2017)

Send completed applications to: Erin Jacobson

2718 Gateway Ave., Suite 204 Bismarck, ND 58503

Email: <a href="mailto:ecjacobson@nd.gov">ecjacobson@nd.gov</a>
Fax: 701.328.9647

Due by 4:00pm on August 24

District or REA Name				
Name of Contact Person	Telephone Number		Email Address	
Mailing Address for Sending Check				
City		State	ZIP Code	
Name of Proposed Grant Ex. TSS West Fargo Beginning Teacher Network		Total Funding Requested \$		
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Description of Plan				
Estimated Number of First-Year Teachers to be Served				
Name of Facilitator(s) (if identified)				

## **Activity Details**

Tentative Dates, Time and Locations for A	Activities	
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A List of Topics to be Offered and/or a Pla	an for Determining Topics	
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Decreed Dudget (Con allowable and no	- allawahla awaasaa)	
Proposed Budget (See allowable and nor	n-allowable expenses)	
Include costs for Facilitator, Presenters, Meeting Ex	penses, 5% District or REA administration expenses,	and any other costs. Attach a separate
sheet if preferred.		
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Total Amount Requested	Would partial funding be accepted?	
·	Yes □ No □	
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Description of your plan for avaluating has	w your meetings affected actual teacher pr	ractica
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