



**BEGINNING TEACHER NETWORK GRANT APPLICATION**  
EDUCATION STANDARDS AND PRACTICES BOARD  
SFN 60432 (06-2017)

**Due by 4:00pm on July 22**

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 <i>Ex. ND RISE / West Fargo Beginning Teacher Network</i>		Total Funding Requested \$

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 Activities

A List of Topics to be Offered and/or a Plan for Determining Topics

**Proposed Budget (See allowable and non-allowable expenses)**

*Include costs for Facilitator, Presenters, Meeting Expenses, 5% District or REA administration expenses, and any other costs. Attach a separate sheet if preferred.*

Total Amount Requested  
\$

Would partial funding be accepted?  
Yes ☐ No ☐

Description of your plan for evaluating how your meetings affected actual teacher practice.