



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

Due by 4:00pm on July 25

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 <input type="checkbox"/> No <input type="checkbox"/>
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Description of your plan for evaluating how your meetings affected actual teacher practice.