BEGINNING TEACHER NETWORK GRANT APPLICATION

Send completed applications to: Erin Jacobson

2718 Gateway Ave., Suite 204

Bismarck, ND 58503

Email: [ecjacobson@nd.gov](mailto:ecjacobson@nd.gov)

Fax: 701.328.9647

EDUCATION STANDARDS AND PRACTICES BOARD

SFN 60432 (06-2017)

**Due by 4:00pm on July 15**

|  |  |  |  |
| --- | --- | --- | --- |
| 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  $ | |

|  |
| --- |
| Description of Plan |
| Estimated Number of First-Year Teachers to be Served |
| Name of Facilitator(s) (if identified) |

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**Activity Details**

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| --- |
| 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. |

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