

## **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: ecjacobson@nd.gov

Fax: 701.328.9647

## 2017-18

## Due by 4:00pm on Wednesday, August 16, 2017

District or REA Name			
Name of Contact Person	Telephon	e 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 Ser	ved		
Name of Facilitator(s) (if identified)			

## **Activity Details**

Tantative Dates Time and Leasting for	A ativiti a a		
Tentative Dates, Time and Locations for Activities			
A List of Tanias to be Offered and/one Die	u fan Datamainin a Tanina		
A List of Topics to be Offered and/or a Pla	an for Determining Topics		
D 10 1 (0 II 11 1			
Proposed Budget (See allowable and not Include costs for Facilitator, Presenters, Meeting Exp	n-allowable expenses)		
Include costs for Facilitator, Presenters, Meeting Exp	oenses, 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 🗆		
Ψ	TCS LL TNO LL		
Description of your plan for evaluating how	w your mostings affected actual teacher or	ractica	
Description of your plan for evaluating not	w your meetings affected actual teacher pr	actice.	

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