

A. Application Cover Page

Program Title:

Name of Institution/Organization:

Program Coordinator:

Email Address:

Phone:

Fiscal Agent:

Email Address:

Phone:

Amount of GTL Funds Requested for FY20-FY21 (*not to exceed \$77,762 per single entity*):

(Grant awards may or may not equal the funding amount requested on the application.)

State Board of Education Priorities to be Addressed

Using a one (1) through four (4) ranking scale with one (1) being your priority and two (4) through four (4) being embedded priorities, please indicate which of the SBE designated priorities will be met by the proposed program.

Teacher Preparation

Teacher Recruitment

Building the Teacher Pipeline

Teacher Retention

Teacher Leadership

Computer Science

Financial Literacy

Social Studies

Fine Arts

NEPF Observations and Student Learning Goals

Effective Models of School Improvement

Anticipated Number of Participants

Teachers

Administrators

Other licensed personnel

Pre-service teacher candidates

Pre-service administrator candidates

Authorized Official Certification/Signature:

The applicant certifies that, to the best of his/her knowledge, the information in this application is correct, that the filing of this application is duly authorized by the governing body of this organization or institution, and that the applicant will comply with all assurances.

Name of Authorized Official:

Title:

Signature of Authorized Official:

Date:

B. Abstract