

APPENDIX 4

IMPROVING TEACHER QUALITY: STATE GRANT PROGRAM PROPOSAL COVER SHEET

PROJECT TITLE: _____

PRIMARY PROJECT DIRECTOR/COORDINATOR: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

APPLICANTS:

1. Institution & Division that Prepares Teachers _____

Institutional Contact (name and phone/email) _____

2. Institution and School of Arts & Sciences _____

Institutional Contact (name & phone/email) _____

3. Local Educational Agency (LEA) _____

LEA Contact (name & phone/email) _____

BEGINNING DATE OF PROJECT: _____ ENDING DATE _____
month/day/year month/day/year

TOTAL AMOUNT REQUESTED \$ _____ FISCAL AGENT for the project: _____

Amount for Applicant 1. \$ _____

Amount for Applicant 2. \$ _____

Amount for Applicant 3. \$ _____

I hereby certify that the information contained in this proposal is correct to the best of my knowledge.

1. _____
Date Signature of Chief Executive Officer, Chief
Operations Officer, or a designee of either

Typed/Printed Name and
Organization

2. _____
Date Signature of Chief Executive Officer, Chief
Operations Officer, or a designee of either

Typed/Printed Name and
Organization

3. _____
Date Signature of Chief Executive Officer, Chief
Operations Officer, or a designee of either

Typed/Printed Name and
Organization