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| teacher learning co-op logo.jpg | OTFBilingualColour LOGOPMS.jpg  TLC **Proposal Application Form**  **Completed application forms must be submitted by September 22, 2014** |

The Application Form is to be completed by the individual applicant or team leader. Please **save a copy of the Application Form on your computer/tablet before you begin working on it**. Once the form is **completed and saved**:

* Send a copy of the **completed** Proposal Application Form **as an attachment by email** to [tlc@otffeo.on.ca](mailto:tlc@otffeo.on.ca) .
* All 3 Sections of this application MUST BE completed before submission

For more information on the Teacher Learning Co-Op (TLC), contact: Marnie Daly, Project Facilitator, Ontario Teachers’ Federation, 1300 Yonge Street, Toronto, ON M4T 1X3, 416.966.3424, 1.800.268.7061 or by email at [marnie.daly@otffeo.on.ca](mailto:marnie.daly@otffeo.on.ca).

**Note: Fields will expand as information is entered!**

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| **Section 1: Applicant(s) Information:** |
| **Affiliate Membership:**  ☐ ETFO ☐ OSSTF | |
| **Specific TLC Area of Focus:**  ☐ Technology ☐ Math ☐ Both | |

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| **Concentration (check one or more)** | | |
| ☐Primary | ☐Junior | ☐ Intermediate |
| ☐ Senior | ☐ Occasional Teaching | ☐ Other (Please specify)  Click here to enter text. |

**Note: Fields will expand as information is entered!**

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| **Team Leader – Participant 1 (Contact Person)** | |
| **Name:** Click here to enter text. | | | |
| **School Board:** Click here to enter text. | | | |
| **School Name/Department:** Click here to enter text. | | | |
| **City/Province/Postal Code:** Click here to enter text. | | | |
| **School Phone:**  Click here to enter text. | **Home Phone:** Click here to enter text. | | **School FAX:**  Click here to enter text. |
| **Board Email:**  Click here to enter text. | **Personal Email:**  Click here to enter text. | | |

**Note: Fields will expand as information is entered!**

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| **Participant 2** | |
| **Name:** Click here to enter text. | | | |
| **School Board:** Click here to enter text. | | | |
| **School Name/Department:** Click here to enter text. | | | |
| **City/Province/Postal Code:** Click here to enter text. | | | |
| **School Phone:**  Click here to enter text. | **Home Phone:**  Click here to enter text. | | **School FAX:**  Click here to enter text. |
| **Board Email:**  Click here to enter text. | **Personal Email:**  Click here to enter text. | |  |

**Note: Fields will expand as information is entered!**

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| **Participant 3** | |
| **Name:** Click here to enter text. | | | |
| **School Board:** Click here to enter text. | | | |
| **School Name/Department:** Click here to enter text. | | | |
| **City/Province/Postal Code:** Click here to enter text. | | | |
| **School Phone:**  Click here to enter text. | **Home Phone:**  Click here to enter text. | | **School FAX:**  Click here to enter text. |
| **Board Email:**  Click here to enter text. | **Personal Email:**  Click here to enter text. | |  |

**Note: Fields will expand as information is entered!**

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| **Participant 4** | |
| **Name:** Click here to enter text. | | | |
| **School Board:** Click here to enter text. | | | |
| **School Name/Department:** Click here to enter text. | | | |
| **City/Province/Postal Code:** Click here to enter text. | | | |
| **School Phone:**  Click here to enter text. | **Home Phone:**  Click here to enter text. | | **School FAX:**  Click here to enter text. |
| **Board Email:**  Click here to enter text. | **Personal Email:**  Click here to enter text. | |  |

**Note: Fields will expand as information is entered!**

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| **Section 2: Project Proposal** |
| **Project Title:** Click here to enter text. | |
| **Please provide a description of your project proposal. (Maximum 200 words)**  Click here to enter text. | |
| **Identify the professional learning goals you plan to achieve through your project. (Maximum 150 words)**  Click here to enter text. | |
| **List some activities that you will conduct to help meet the goals of your project.**  Click here to enter text. | |
| **How will you determine that your learning goals have been met?**  Click here to enter text. | |
| **How do you plan to share your team’s learning with others?**  Click here to enter text. | |
| **Describe how your project will contribute to enhancing student learning and development.**  Click here to enter text. | |
| **List resources you plan to use for your project. (This can be an ongoing list)**  Click here to enter text. | |

**Note: Fields will expand as information is entered!**

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| **Section 3: TLC Project Budget Proposal (Must be completed**  **as part of the application)**  **Budget proposal must NOT exceed $4,000.00** | | |
| **Project Title:** Click here to enter text. | | | |
| **Project Leader:** Click here to enter text. | | | |
| **Email:**  Click here to enter text. | | | |
| **BUDGET PROPOSAL (Must NOT exceed $4,000)** | | | |
| **Expense Descriptions** | **Particulars:**  **(timeline, location, etc.)** | **Project Budget** | |
| **Release Time:**  Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Resources:**  Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Materials:**  Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Other (Describe):**  Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Total Proposed Expenses:** | | Click here to enter text. | |