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|  | **TLC Curriculum**  **Proposal Application** |

Completed application form must be submitted by **September 15, 2017**

The application form is to be completed by the individual applicant or team leader. **All three sections of this application form must be completed before submission.**

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, email a copy of the completed Proposal Application Form as an attachment to tlc@otffeo.on.ca.

For more information on the Teacher Learning Co-Op (TLC), contact: Marnie Daly, Projects Manager, 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 ☐ OECTA | |
| **TLC Area of Focus: Curriculum**  Specify area of curriculum: | |

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| **Concentration (check one or more)** | | |
| ☐Primary | ☐ Junior | ☐ Intermediate |
| ☐ Senior | ☐ Occasional Teaching | ☐ Special Needs |
| ☐ 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. | | |

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