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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.

**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. |