



Learning Project Application/Scope of Work (SOW)

Applicant Name: _____
School or Institution Name: _____
School/Institution Address: _____
School System (Secondary): _____
School/Institution Phone: _____ School/Institution Fax: _____
Email: _____

Project Summary Information

Project Name: _____
Project Starting Date: _____ Ending Date: _____
Estimated Cost of Project \$ _____ (include funds from other areas if applicable)
Amount requested from TIME Center \$ _____ (**Max is \$3000. Fund must be expended by Sept. 30, 2012—current grant ends**)

Learning Project Description:

Describe the goals/objectives of the Learning Project:

Identify any specific activities designed to achieve goals – *(these may include: visits to companies, meetings between group members and organizations, research, observations, conferences, writing reports, etc...)*

Budget: Explain how the funds will be used: Substitutes, Stipends, Travel, Materials, etc...

Outcome or Deliverables:

Describe what you will provide the TIME Center as a result of your project. (Deliverable should include: Final report, curriculum or lesson plans, impact on students (numbers and demographics) etc.)



Who will participate?

Applicant(s) Personal Information: Include the following personal information for applicant or team members (if applicable)

Name, Street Address, City & State, Phone Number and E-mail Address

If team members are from more than one school please supply the following Information:

Name, School Name, Street Address, City & State, Phone Number, E-mail Address and School System

If you plan on working with an Industry/Business Partner, please include the following information for each partner: *Company's Name, Representative, Work Title, Street Address, City/County & State, Phone Number and E-mail Address*

Signatures:

Signature & Date of Individual or Project Team Leader: _____

Signature & Date of Career & Technology Occupational Dean/Coordinator: _____
(*Postsecondary*)

Signature & Date of Principal, CTE Director, or Supervisor: _____
(*Secondary*)

Date Received:

Approved: _____ Denied: _____
Signature & Date of TIME Center Director: _____