

FISCAL AGENT (Identify the school district serving as the fiscal agent)

LEA FISCAL AGENT	COUNTY-DISTRICT CODE
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COORDINATOR(S) (Individual(s) who are responsible for planning and assuring the implementation of the grant)

NAME	
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EMAIL	PHONE
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NAME	
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EMAIL	PHONE
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CAREER PATHWAY(S) FOCUS (Select pathway(s) based on the labor market needs of your region such as Advanced Manufacturing, Health Science, and Information Technology)

CAREER PATHWAY(S) FOCUS 1	
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CAREER PATHWAY(S) FOCUS 2	
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CAREER PATHWAY(S) FOCUS 3	
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CAREER PATHWAY(S) FOCUS 4	
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CAREER PATHWAY(S) FOCUS 5	
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CAREER PATHWAY(S) FOCUS 6	
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RATIONALE FOR GRANT (Provide data or reasons that describe the need for the grant)

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STATEMENT OF PURPOSE (Describe how you will connect teachers to industry and business)

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GOALS (Identify additional specific and measurable goals if applicable)

The following standard grant goals will be measured by the pathways grant survey.

By the end of the externship experience, participants will

1. Increase knowledge of today's workplace
2. Increase confidence when advising students about careers
3. Increase confidence when advising students about training and education required to join today's workplace
4. Increase awareness of employability skills and their significance for students' career and life success.

(Other goals pertinent to the grant)

TEAM MEMBERS Identify the name and position of each team member. Each team may be made up of the following members (*strongly encouraged and recommended to be included).

PARTICIPANT'S NAME	PARTICIPANT'S POSITION	PARTICIPANT'S NAME	PARTICIPANT'S POSITION
	LANGUAGE ARTS TEACHER*		
	MATH TEACHER*		
	SCIENCE TEACHER*		
	CTE TEACHER*		
	MIDDLE SCHOOL COUNSELOR*		
	HIGH SCHOOL COUNSELOR*		
	BUILDING ADMINISTRATOR*		
	MIDDLE SCHOOL TEACHER		
	DISTRICT COLLEGE AND CAREER READINESS COORDINATOR		
	A+ COORDINATOR		
	SPECIAL EDUCATION TEACHER		
	CURRICULUM COORDINATOR/ CONTENT SPECIALIST		

BUSINESS/INDUSTRY/POST-SECONDARY CONTACTS (Describe your selected pathway business/industry contacts to assure a meaningful experience. Indicate if you will need help in making additional contacts.)

BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE
BUSINESS/INDUSTRY NAME	
BUSINESS/INDUSTRY CONTACT NAME	PHONE

SCHEDULE OF ACTIVITES TIMELINE (The length of the Pathways for Teachers program and its schedule will depend on the goals. If additional days are needed include in an addendum to be submitted with application)

DAY ONE
DAY TWO
DAY THREE
DAY FOUR
DAY FIVE

PARTICIPATING DISTRICT'S FINANCIAL CONTRIBUTION

PARTICIPATING DISTRICT'S PLAN FOR SUSTAINABILITY

APPROVALS

AUTHORIZED FISCAL AGENT REPRESENTATIVE NAME (PLEASE TYPE OR PRINT)

AUTHORIZED FISCAL AGENT REPRESENTATIVE SIGNATURE

DATE

PATHWAYS REGIONAL DIRECTOR NAME (PLEASE TYPE OR PRINT)

PATHWAYS REGIONAL DIRECTOR SIGNATURE

DATE

PATHWAYS PROGRAM MANAGER (PLEASE TYPE OR PRINT)

Steve Bryant

PATHWAYS PROGRAM MANAGER SIGNATURE

DATE

CAREER TECHNICAL EDUCATION COORDINATOR NAME (PLEASE TYPE OR PRINT)

Roger Barnes

CAREER TECHNICAL EDUCATION COORDINATOR SIGNATURE

DATE

ASSISTANT COMMISSIONER NAME (PLEASE TYPE OR PRINT)

Blaine Henningsen

ASSISTANT COMMISSIONER SIGNATURE

DATE