Form C100 – Intent to Apply

Due no later than 5 p.m. on Friday, October 24, 2014

Please complete the form below and return to:

Dr. Elizabeth 'Liz' Valentine, ITQG Coordinator at: he.academicaffairs@dhe.mo.gov

Project Title (not to exceed 20 words)				
1. Name of Lead Higher Education Institution				
	Name	Title		
		Please specify college/department (e.g. Professor, Chemistry)		
2. Project Director	Address	Phone		
from Lead Higher Education Institution	E-mail Address			
21130100001	Signature	Date		
	Name	Title		
3. Co-Director		Please specify college/department or school level (elem. or middle) or subject area		
	Address	Phone		
	7. 7.4.11			
	E-mail Address			
	Signature	Date		
3a. Co-Director	Name	Title		
	Email	Phone		
3b. Co-Director	Name	Title		
30. 33 24				
	Email	Phone		
3c. Co-Director	Name	Title		
	Email	Phone		

3d. Co-Director	Name	Title
	Email	Phone
3e. Co-Director	Name	Title
4 6 1 7 1	Email	Phone
4. Grade Level		
5. Content Area		
6. Length	☐ One Year 2013-2014 ☐ Two Years 2013-2015 ☐	Three Years 2013-2016
7. Planned School	High Needs	
District Partners	a.	
	b.	
	c.	
	d.	
	e.	
	E.	
	f.	
	g	
	g.	
	Private	
	a.	
	b.	
	c.	
	d.	
	Other	
	a.	
	b.	
	c.	
	d.	
	u.	

Please include a	
brief description	
of the proposed project (no more	
than 300 words).	
If you have	
more co-	
directors to	
record do that	
here.	
If you have	
more districts or	
schools to	
include do so	
here.	