***Print this form on Institution Letterhead***

**Smart Transfer Early College High School Partnership Program**

**Project Abstract & Work Plan**

**July 1, 2025 – June 30, 2026**

Lead Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_

**Target number of students to be served, by grade level:**

9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade \_\_\_

**Target percentage of students who will earn college credit, by grade level:**

9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade \_\_\_

**Target number of college credits students taking college courses will earn, by grade level.** *NOTE: Enter the target average number of college credits students will earn during the 2025-2026 project year, not the cumulative number***:**

9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade \_\_\_

**Primary General Education Courses Offered:**

**Degree Pathways Offered:**

**Project Abstract** – P*rovide a* *one to two paragraph description of your Smart Transfer ECHS Partnership’s project goals and activities for July 1, 2025 – June 30, 2026.*

**Project Work Plan** – *List the major activities supported by the Smart Transfer ECHS grant funds, the persons responsible for carrying out the activities, the documentation being maintained, and the timeline for their implementation and completion. Add additional rows as needed.*

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| --- | --- | --- | --- |
| **Activity** | **Person Responsible** | **Documentation**  *List the types of documentation you are maintaining, e.g., sign-in sheets, agendas, meeting minutes, etc.* | **Timeline** |
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*Signature of Authorized Representative Date*

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*Print Name and Title of Authorized Representative*