|  |
| --- |
| **Teacher Opportunity Corps (TOC)****Reapplication for 2015-2016** |

**Institution:**

**Address:**

**2015-2016 Project Number: 0520-16-**

**Project Director:**

**Title:**

**Address:**

**Telephone #:**

**Fax #:**

**E-mail Address:**

|  |
| --- |
| **2015-2016 Award Amount:** |

**REAPPLICATION DUE by May 7, 2015**

**Return original + one copy of all documents to:**

**NYS Education Department**

**Office of Teacher Leader Effectiveness Unit**

**89 Washington Avenue, 5N**

**Albany, NY 12234**

**Albany, NY 12234**

**Teacher Opportunity Corps (TOC)**

**Reapplication for 2015-2016**

**Institution:**

# Checklist for 2015-2016

**Program Content Rewritten Substantially Unchanged OR Section**

 **Attached**

1. Project Abstract
2. Equity Access Initiatives
3. Cooperative Relationships
4. Program Goals and Objectives
5. Program Activities and Services
6. Recruitment
7. Project Staffing and Management
8. Budget