

WesternRegion



TPS Western Region Notice Of Intent

Notice of Intent

After submitting the form, you should receive a confirmation email. If you do not receive a confirmation email, or if you have questions, e-mail tpswesternregion@msudenver.edu

[Organization Information](#)

Organization Name

Organization Type

College/University

Cultural Institution

Library System

Other

Professional Association

School District

Statewide Education Office

[Primary Contact Information](#)

First Name

Last Name

E-Mail (One you check frequently)

Primary Phone Contact

Secondary Phone Contact

Street Address (Line 1)

Street Address (Line 2)

City

State (U.S. Only)

Zip (Postal Code)

Brief description of your organization's existing programs or curricula for teachers**(Limit 500 characters including white spaces)**

Include purpose, objectives, intended audience, and any prerequisites.

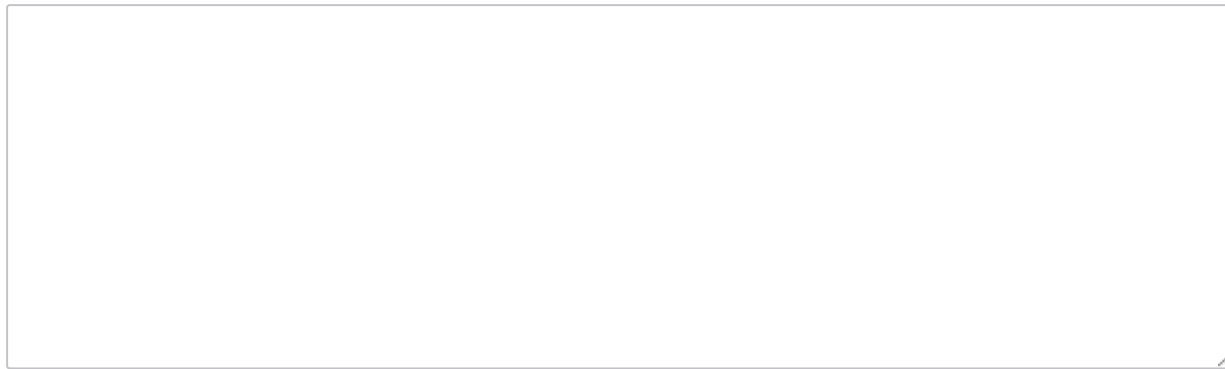
Possible collaborating organizations on your intended TPS Project**(Limit 350 characters including white spaces)**

Include purpose, objectives, intended audience, and any prerequisites.

Brief description of the project you will propose (include teachers targeted, geographic location, program content, etc.)**(Limit 1500 characters including white spaces)**

Include purpose, objectives, intended audience, and any prerequisites.

Anticipated results of implementing this project
(Limit 900 characters including white spaces)



Expected dates of project implementation

Start Date (mm/dd/yyyy)

to

End Date (mm/dd/yyyy)

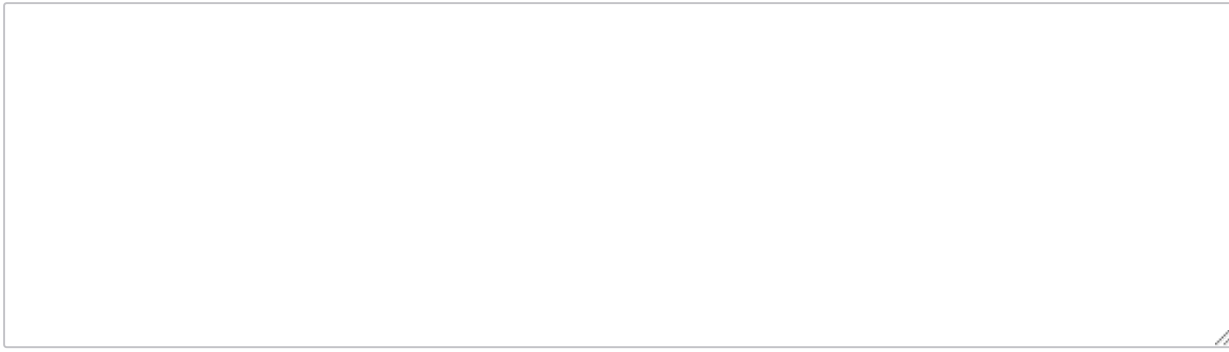
**Amount to be requested (\$)
(Limit 5 characters including white spaces)**

Is your organization able to make a matching contribution (funds, labor, facilities, etc.) totaling at least 20 percent of your grant?

Yes

No

**Please tell us how you found out about this grant opportunity
(Limit 500 characters including white spaces)**



Powered by Qualtrics