



**Projected expenditures**

<b>Budget</b>	<b>Estimated Cost</b>
<i>Release Time (include approx. number of meeting dates and local substitute costs)</i>	
<i>Mileage and Accommodation Expenses (as per MTS policy)</i>	
<i>CL Team Professional Learning Materials (not to exceed 20% of total grant)</i>	
<i>Anticipated costs</i>	<b>\$</b>

Attach a separate sheet if required.

Amount of funding requested: \$

Other sources of funding accessed (Specify): \$

Cheque should be addressed and made payable to the following school or division:



## PROJECT INFORMATION

**Focus of Project:** What topic(s), shared dilemma, or promising practices would your group like to explore?

**Rationale:** Why does your group want to explore the above topic(s), shared dilemma, or promising practices? What is the overarching question for your collaborative work?

**Proposed CL Team Plan:**

<b>Meeting Focus/Activity</b>	<b>Possible Date</b>  N.B. Meeting times must adhere to the collective agreement, including taking place outside of teacher preparation time. This requires that release time be provided.	<b>Anticipated Meeting Outcomes</b>	<b>Responsible Party (e.g. Team Leader, CL Team Facilitator, etc.)</b>  <i>N.B. Your MTS CL Team facilitator will lead three of your Collab-Lab sessions.</i>

**Responsibilities of the Team Leader**

- Oversee the collaborative learning team plan in consultation with the CL Team facilitator from MTS
- Book meeting rooms including technological equipment needed by the CL Team facilitator, provide photocopies and refreshments for participants
- Work with CL Team facilitator to determine the meeting focus, location, and dates
- Submit a final report including a breakdown of the budget to MTS by May 31<sup>st</sup>

**Responsibilities of the CL Team Facilitator**

- Connect with Team Leader when project has been approved
- Support with the planning and organization of material for each collaborative learning (Collab-Lab) session
- Facilitate three sessions throughout the year

***The type of inquiry project, number of teachers involved, impact on teacher practice and agency, and regional representation are some factors that will be considered during the approval process.***

PLEASE **KEEP A COPY** OF YOUR APPLICATION.

Please **Email** this form to **Ashley Fifer** ([afifer@mbteach.org](mailto:afifer@mbteach.org))

Member Intent Form

School Name:

Member Name:

MTS Member Number:

What is your motivation for joining this collaborative learning team?

What is your goal for this project? How do you hope this project will impact your teaching practice?

What will success in this collaborative learning project look like to you?

What questions do you have about participating in the collaborative learning team project?