***Massachusetts Department of Elementary and Secondary Education                     FY2024***

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|  **Name of Grant Program:**  Higher Education Faculty Participation in Early Literacy Professional Learning Community   |  **Fund Code:** 584  |

**Part I – Organization Information**:

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| **APPLICANT:**(Name of Sponsoring Organization Applying) |  |
| **PRIMARY GRANT CONTACT:** | Name: |
| Email: |
| Phone |
| Address:  |
| **BUSINESS OFFICE CONTACT:** | Name: |
| Email: |
| Phone |
| Address:  |

1. Please provide information on the faculty members who plan to participate in the Professional Learning Community for which you are applying for stipends through this grant. You may include up to five participating faculty members.

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| **Participating Faculty Member’s Name** | **Affiliated Licensure Program – check (✅all that apply** | **Job Title** | **Email** |
|  | \_\_\_ Elementary\_\_\_ Early Childhood\_\_\_ Moderate Disabilities PK-8 |  |  |
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**Part II – Narrative Response**

Describe the intended impact of your organization’s participation in the Early Literacy Professional Learning Community.

[response length limit: 300 words]

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