

## Career Cruising Network Grant Application For 2019/20 & 2020/21 School Year

School Name:	District:
Phone #:	
Lead Contact:	Position:
Email:	Phone #:
Secondary Contact:	Position:
Email:	Phone #:
Lead Signature:	Date:
Principal/Superintendent Signature:	Date:

On separate sheet of paper, answer the following questions. Limit is 3 pages.

- 1. Target Population and number of students expected to participate
- 2. Describe the parts of PACE (for Illinois Schools) or Iowa Administrative Code Chapter 49/iCAP (for Iowa Schools) this plan will help your district/school meet
- 3. Plan Description:
  - a. Define the plan showing the developmental nature
  - b. Educator responsible for each part of implementation
  - c. What activities, methods and materials are to be used
- 4. Description of evaluation process including anticipated outcome

Send to Susan Zelnio at <u>szelnio@molinefoundation.org</u> or 1601 River Drive, Suite 210, Moline, IL 61265. Call 309.736.3800 with questions.