# APPENDIX G. ACTION PLAN AND/OR SCHEDULE OF ACTIVITIES

#### REQUIRED

#### FY2017 NCLB Improving Teacher Quality:P-16 Education Partnerships

**(Required part of application)**

**You may copy the tables and print landscape if needed.**

**Objectives, Indicators of Success (Benchmarks), Timelines, and Responsible Parties (This chart must be submitted with your grant request as an appendix. The chart may be printed landscape for easier submission.)**

|  |
| --- |
| Project Title: |
| Project Director: |
| Evaluator: |
| Institution: |

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Objectives to meet the goal | Measureable  **Outcomes** | **Responsible Party** | Timeline | Evaluation **Tool(s)** | **Measured Accomplishments (reported at end of project)** |
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**Be sure you have the evaluator’s input on measurable outcomes and accomplishments and methods and tools for evaluation.**