

Notice of Intent: TPS Mid-Atlantic/US Territories Region

Complete a notice of intent form to initiate the TPS regional grant application process for the Mid-Atlantic/US Territories Region.

Organization Name

*

Organization Type

*

- College/University
- Cultural Institution
- Library System
- Professional Association
- School District
- Statewide Education Office
- Other institution type (indicate below)

Other Organization Type

Congressional District (for organization/institution)

*

Congressional District (for organization/institution). To find your Congressional District:

<https://www.house.gov/>

Primary Contact First Name

*

Primary Contact Last Name

*

Primary Contact Email

*

Primary Phone Number

*

Secondary Phone Number

*

Primary Contact Street Address

*

(i.e. 400 A St SE)

City

*

(i.e. Washington)

State / Province / Region (Two letter abbreviation)

*

(i.e. DC)

Zip / Postal Code

*

(i.e. 20003)

Country (three letter abbreviation)

*

(i.e. USA)

Organization's SAM Registration Number

*

All applicants must register in SAM.gov prior to application. Award recipients must maintain an active SAM.gov registration through the life of the federal award(s).

Brief description of your organization's existing educational programs, resources, or curricula

*

Have you or another member of your project team completed TPS professional development?

*

- No, please send me information.
- Yes, I have.
- Yes, one or more members of my team has.

If yes, which organization provided the TPS PD and approximately when was it conducted?

Possible collaborating organizations on your intended TPS Project

*

Proposed title of project

*

Brief description of the proposed project (include participants targeted, geographic location, program content, specific collections from loc.gov, etc.)

*

Examples of Library of Congress primary sources that could be highlighted in this project

Projected educational outcomes (events, programs, resources)

*

Projected number of participants

*

Expected dates of project implementation - Projected Start Date

*

Expected dates of project implementation - Projected End Date

*

Anticipated results of implementing this project.

*

Amount to be requested (\$25000 maximum)

*

Does your organization have any current affiliation with the Teaching with Primary Sources Program?

*

- Yes
- No

If Yes, please specify the affiliation type(s) (e.g. TPS Consortium Member, TPS Grant Recipient, TPS Grant Subcontractor).

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Please tell us how you found out about this grant opportunity.

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