

**Form C100 – Intent to Renew**  
 Due no later than 5 p.m. on Friday, October 28, 2016

Please complete the form below and return to:  
**Dr. Elizabeth ‘Liz’ Valentine, ITQG Coordinator at:** elizabeth.valentine@dhe.mo.gov

Project Title (not to exceed 20 words)	
1. Name of Lead Higher Education Institution	
2. Project Director from Lead Higher Education Institution	Name <span style="float: right;">Title</span>
	Address <span style="float: right;">Phone</span> <small style="text-align: center;">Please specify college/department (e.g. Professor, Chemistry)</small>
	E-mail Address
	Signature <span style="float: right;">Date</span>
3. Co-Director	Name <span style="float: right;">Title</span>
	Address <span style="float: right;">Phone</span> <small style="text-align: center;">Please specify college/department or school level (elem. or middle) or subject area</small>
	E-mail Address
	Signature <span style="float: right;">Date</span>
3a. Co-Director	Name <span style="float: right;">Title</span>
	Email <span style="float: right;">Phone</span>
3b. Co-Director	Name <span style="float: right;">Title</span>
	Email <span style="float: right;">Phone</span>
3c. Co-Director	Name <span style="float: right;">Title</span>
	Email <span style="float: right;">Phone</span>

3d. Co-Director	Name  Title  Email  Phone
3e. Co-Director	Name  Title  Email  Phone
4. Grade Level	
5. Content Area	
7. Planned School District Partners	High Needs a. b. c. d. e. f. g. Private a. b. c. d. Other a. b. c. d.

**Please include a brief description of the proposed project (no more than 300 words).**

If you have more co-directors to record, do that here.

If you have more districts or schools to include, do so here.