

**Missouri Department of Higher Education
Form C105 - Joint Effort Document**

The proposal must reflect a joint effort among at least three types of partners: a high-need school district, a department or college of education, and a department of arts & sciences. This federal requirement is intended to ensure that *Improving Teacher Quality Grant* activities integrate needed teaching skills with substantive content knowledge. (Note: It is generally assumed that a department/college of education is the primary teacher preparation division/unit of a higher education institution. If an institution has a different organizational structure regarding teacher preparation, please provide a brief description for clarity.) Competitive points will also be awarded to collaborations of institutions of higher education consisting of at least three institutions.

Joint effort can take a number of forms, ranging from informal discussions about the project to full sharing of administrative and instructional responsibilities such as:

- Each unit/partner participating in the planning and implementation of the project.
- Each unit/partner playing a role in the evaluation of the project.
- Instructional staff members are drawn from each unit/partner.

Statement of Joint Effort:

The lead higher education institution hereby provides assurances that this proposal reflects a joint effort between the three statutory partners. **If more partners are involved, please provide signatures, titles, and names of representatives of the partners on a separate sheet using the format below.**

Representative of the High-Need School District:

Signature and Date: _____

Printed Name and Title: _____

Department: _____

Representative of the Higher Education Department/College of Education:

Signature and Date: _____

Printed Name and Title: _____

Institution of Higher Education: _____

Department: _____

Representative of the Higher Education Arts and Sciences Department:

Signature and Date: _____

Printed Name and Title: _____

Institution of Higher Education: _____

Department: _____

Representative of Collaborating Institution of Higher Education:

Signature and Date: _____

Printed Name and Title: _____

Institution of Higher Education: _____

Department: _____

Representative of Collaborating Institution of Higher Education:

Signature and Date: _____

Printed Name and Title: _____

Institution of Higher Education: _____

Department: _____

Representative of Collaborating Institution of Higher Education:

Signature and Date: _____

Printed Name and Title: _____

Institution of Higher education: _____

Department: _____

Representative of Collaborating Institution of Higher Education:

Signature and Date: _____

Printed Name and Title: _____

Institution of Higher Education: _____

Department: _____