

Organization Name:

Physical Address:

City, State, Zip: Phone:

Mailing Address (if different):

Organization’s Website:

Tax ID # or Name of Fiscal Agent:

Grant Contact Name/Title:

E-mail: Cell #:

Executive Director Name:

Check Which:

\_\_\_\_ Summer Program \_\_\_\_ School Year Program

\_\_\_\_ Development of Foundational Reading and Writing Skills

\_\_\_\_ Implementation of Cross Disciplinary and Project-Based Learning Through STEAM

\_\_\_\_ Wraparound Services that Ensure Students are Healthy, Engaged, Supported, and Challenged

Project Title:

Amount Requested:

Total Project Budget:

Organizational Budget:

We confirm that the information provided is accurate and that the enclosed proposal is complete (electronic signatures accepted).

## Executive Director: Board President:

|  |  |  |
| --- | --- | --- |
| For Office Use Only | Funding Focus | Geographical Focus |
| Meeting Date:  Docket #:  Staff: | \_\_\_\_ Development of foundational reading and writing skills  \_\_\_\_ Implementation of cross disciplinary and project-based learning through STEAM  \_\_\_\_ Wraparound services that ensure students are healthy, engaged, supported, and challenged. | \_\_ Alameda County, California  \_\_ Cuyahoga County, Ohio  \_\_ Dona Ana County, New Mexico  \_\_ Hartford County, Connecticut  \_\_ King County, Washington  ­­\_\_ Lorain County, Ohio  \_\_ Pima County, Arizona  \_\_ San Francisco County, California |