Equitable Education Systems Grants: Application

# Appendix E: Proposal Cover Page

|  |  |
| --- | --- |
| **Supervisory Union/District [LEAD]** |  |
| **Contact Person** |  |
| **Business Manager** |  |
| **Phone** |  |
| **E-mail** |  |
| **Superintendent Name** |  |
| **Superintendent Email** |  |
|  |  |
| **Superintendent Signature**  (this signature will be obtained through AOE’s OneSpan e-signature process via ADS  E-Signature) |  |
| **Date** |  |

# Appendix A: Grant Narrative

|  |
| --- |
| **Project Description and Justification** |
| **Project Management** |

# Appendix B: Project Timeline/ Benchmarks

| **Timeline** | **Goal/Purpose** | **Description of Activity and Participants** | **Deliverable/Product** | **Measurement, Benchmark of Success** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Appendix C: Budget

| **Functions** | **Salaries**  **(100)** | **Employees Benefits**  **(200)** | **Professional and Technical Services**  **(300)**  **Consultants Contracts** | **Other Purchased Services (500)**  **Travel**  **Printing** | **Supplies (600)**  **Food**  **Books**  **Periodicals** | **Miscellaneous Expenditures (800)**  **Subgrants,**  **Dues, and Fees** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2212- Instruction and Curriculum Development |  |  |  |  |  |  |  |
| 2213 - Instructional Staff Training |  |  |  |  |  |  |  |
| 2219 - Other Improvement of Instruction Services |  |  |  |  |  |  |  |
| 2230- Instruction-Related Technology |  |  |  |  |  |  |  |
| 2240- Academic Student Assessment |  |  |  |  |  |  |  |
| 2290 - Other Support Services - Instructional Staff |  |  |  |  |  |  |  |
| 2715- Field Trips (Education related) |  |  |  |  |  |  |  |
| 2901-Other Support Services |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

# Appendix D: Applicant Contact Information

Superintendent

|  |  |
| --- | --- |
| Institution or Organization |  |
| Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
| Signature |  |

Lead Grant Contact

|  |  |
| --- | --- |
| Institution or Organization |  |
| Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |

Business Manager

|  |  |
| --- | --- |
| Institution or Organization |  |
| Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |