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 ADSE-Signature) |  |
| **Date** |  |

# Appendix A: Grant Narrative

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| --- |
| **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** |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
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# 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 |       |