



## Applicant Information Form

### Organization Requesting Funds (network or school):

Legal IRS Name: \_\_\_\_\_

Common Name: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Most Senior Organizational Leader (e.g., superintendent, president, head of school, etc.):

Contact Person's Prefix and Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Board Chair:

Contact Person's Prefix and Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Person responsible for program or project administration:

Contact Person's Prefix and Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

List Marion County K-12 schools represented by the applying organization and include each school's grade level configuration (e.g., K-5, 6-8, 9-12, etc.). If more than five schools are represented by the applicant, a listing of its schools should be included as an attachment to this information form.

School Name	Grade Level Configuration

How many K-12 students, across all of the organization's schools, were enrolled on the Fall 2023 average daily membership count day (Monday, October 2, 2023)? \_\_\_\_\_

**Included in this submission is:**

- Phase 1 Planning Grant Request
- Phase 2 Implementation Grant Proposal
- Phase 3 Concept Paper

**Amount Requested:** \$ \_\_\_\_\_

**Signatures:** By signing below, I certify all information provided is true and correct to the best of my knowledge.

_____ Organization Leader Signature	_____ Board Chair Signature
Title: _____	Title: _____
Printed Name: _____	Printed Name: _____
Date Signed: _____	Date Signed: _____

\*Please reach out if any contact information changes after submission with updated form.