



Applicant Information Form

Organization Requesting Funds (district, network or school):

Legal IRS Name: _____

Common Name: _____

Employer ID Number: _____

Address: _____

Most Senior Organizational Leader (e.g., superintendent, executive director, principal):

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 |
|-------------|---------------------------|
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How many K-12 students, across all of its schools, did the organization report to the Indiana Department of Education as 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.