



## 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 its schools, did the organization report to the Indiana Department of Education as enrolled on the Fall 2023 count day (October 2, 2023). If applicable, please reference the pupil enrollment data available on the Indiana Department of Education’s Data Center & Reports page, under “Attendance & Enrollment?” \_\_\_\_\_

**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.