Marion County K-12 Public Schools Initiative

2024

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

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). 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

Title: _____

Printed Name: _____

Date Signed: _____

_____
Board Chair Signature

Title: _____

Printed Name: _____

Date Signed: _____

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