

Extended Learning Grant



School District: _____

Building: _____

Contact Person(s): _____

Email Address: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Area of Focus: _____

PROJECT INFORMATION:

Project Goals:

INTENDED OUTCOMES

Person of Contact Signature: _____

Date: _____

Superintendent's Signature: _____

Date: _____