PROJECT COVER SHEET

OVERVIEW

Project Title	
Project Summary (2-3 sentences)	
Amount Requested	
Other Funding (if applicable)	

CONTACT

Primary Contact Name	
Title/Position	
Email	
Phone Number	
District/School Name	
Address	
Financial Contact Name	
Financial Contact Phone Number	

ADMINISTRATOR APPROVAL

By signing this cover sheet, I confirm that I have reviewed and approve the project proposal and that our school or district will account for funding if selected to receive an award.

Administrator Name	
Signature	
Date	