



**State of Delaware
Department of Education
State Subgrant Application**

LEA/Agency/Organization Information

Name: _____ **Date:** _____

Address 1: _____
Street Address P.O. Box

Address 2: _____
City State Zip Code

Amount of Funding Requested: _____ **Total Cost of Project:** _____

Coordinator's Name: _____ **Email:** _____ **Telephone:** _____

Proposed Subgrant Project Title: _____

Description of Project: Information is reported in the Executive Summary. Do not duplicate here.

Objectives and Goals of the Project (How will this subgrant strengthen organization, make improvement, or achieve success?): Information is reported in the Executive Summary. Do not duplicate here.

Specific Activities (Include information about service delivery and timeline): Information is reported in the Professional Learning Plan. Do not duplicate here.

Signature of Chief School Officer/Agency Head: _____

Printed Name: _____ **Date:** _____

Signature of Business Manager: _____

Printed Name: _____ **Date:** _____