
2019-2020 PARTNERSHIP PROJECT

Request for Proposal Organization Application

GENERAL INFORMATION

| | |
|--|---------------------------|
| Organization: | |
| Type: <input type="checkbox"/> School District <input type="checkbox"/> Charter School <input type="checkbox"/> Private School | |
| Municipality/City Served: | County Precinct # Served: |
| Physical Address: | |
| City: | Zip: |
| CONTACT INFORMATION | |
| Contact Name: | Email: |
| Telephone: | Fax: |

Include one original application plus (2) copies of:

- (1) Completed 2019-2020 Organization Application
- (1) Completed 2019-2020 Site Applicant per site
- Copy of revenue and/or expenditure statements from previous year to support being able to match grant funds

CERTIFICATION

I certify that this application was developed in accordance with all funding requirements and that all information in this application is true and correct. I certify that, if funded, the program will be implemented in accordance with the funding and programmatic requirements as described in this application, and that all proposed program changes will be brought to the attention of the Harris County Department of Education prior to implementation.

Authorized Official Name

Title

Authorized Official Signature

Date

SITE SUMMARY INFORMATION

LEA may propose one site or multiple sites. Using the table below, enter the name of the campus that will host the proposed program.

| | Site | Proposed Total # of hours | Economically Disadvantaged (%) | Proposed # of Students to be Served | Grade Levels to be Served | Amount Requested |
|--|------|---------------------------|--------------------------------|-------------------------------------|---------------------------|------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| Grand Total of Amount Requested | | | | | | \$ |

Note: Submit additional pages as needed.

MATCH FUNDING CONTRIBUTION

Please detail overall cash matching contribution per funding sources. Indicate if match funding source is Parent Fees, Local Tax Dollars, Foundations/Grant Funds, Federal Funds, excluding Title I, and 21st Century Community Learning. **Failure to clearly indicate match funding source will result in application being deemed ineligible.** *10 points*

| Site | Match Funding Source Type | Cash Match Amount |
|------|---|-------------------|
| | <input type="checkbox"/> Parent Fees <input type="checkbox"/> Foundation/Grant Funds <input type="checkbox"/> Local Tax Dollars <input type="checkbox"/> Federal Funds | |
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Note: Submit additional pages as needed.