| Name of Applicant: |  |
| --- | --- |

| Name of Project: |  |
| --- | --- |

Include a Partnership Identification Form for each partner institution/organization.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Partner Institution |  | | |
| Type of Institution/Organization |  | | |
| Primary Contact Information |  | | |
| Name |  | | |
| Title |  | | |
| Complete Address |  | | |
|  |  | | |
| Telephone |  | Fax |  |
| Email |  | | |

Please describe the services and responsibilities of this partner in implementing the proposed subgrant project.

On the form below, list only the funding this partner will receive from the subgrant.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Direct Cost Requested for Partner | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **YEAR 5** | **TOTAL** |
| 1. Salaries & Wages  (Professional and Clerical) |  |  |  |  |  | $ |
| 2. Employee Benefits |  |  |  |  |  |  |
| 3. Travel in State |  |  |  |  |  |  |
| 4. Travel Out of State |  |  |  |  |  |  |
| 5. Materials and Supplies |  |  |  |  |  |  |
| 6. Consultants and Contracts |  |  |  |  |  |  |
| 7. Teacher Stipends |  |  |  |  |  |  |
| 8. Equipment (Purchased) |  |  |  |  |  |  |
| 9. Other (Equipment rental, printing, etc.) |  |  |  |  |  |  |
| **Total Funding to Partner From Grant** |  |  |  |  |  |  |

By signing below, I authorize this agency to participate in this subgrant program, and I certify that the agency is committed to completing the services described above and will apply the funds outlined in the budget above to these services.

| Signature of Authorized Official | Date |
| --- | --- |

| Printed Name of Authorized Official | Date |
| --- | --- |