

TOSCA-PIE Grant Application Form

List a brief title for your project.

Contact Name: _____

Date Submitted: _____

Contact Email: _____

Phone #: _____

Grade(s)/Department(s) Involved In Grant: _____

School Name(s): _____

Signature of Staff Member

Submitting This Application: _____

Participating Teachers / Personnel:

Name	Signature	School Name

I have reviewed and I support this application as a valid program for our school.

Principal

The funds requested for this grant are usually not included in a site's budget. I agree that this proposal represents an innovative program that will be beneficial to the students.

Superintendent