**APPENDIX A**

** State of Delaware**

**Department of Education**

**Sub-Grant Application**

Grant Title:  **Reimagining** **Quality Professional Learning Innovation Grant**

**LEA/Agency/Organization Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **School:** |  | **District:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead:** |  | **Title:** |  |

|  |  |  |
| --- | --- | --- |
| Address 1: |  | |
| Street Address | | P.O. Box |

|  |  |  |  |
| --- | --- | --- | --- |
| Address 2: |  | | |
| City | | State | Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount of Funding Requested: |  | Total Cost of Project: |  |

|  |  |
| --- | --- |
| Proposed Sub-Grant Project Title: |  |

For FSF users, indicate department number under which funds should be loaded:

|  |
| --- |
| **Narrative** (Sections A – C: Activity Description/Need/Alignment to LEA Goals; Monitoring Progress and Program Evaluation; Budget and Budget Narrative)**:** |

*\*Attach the Action Plan to application (Section D)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Principals’ Name: |  | Email: |  | Telephone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Names of Teacher Leaders, etc.: |  |  |  |

|  |  |
| --- | --- |
| Signature of Principal: |  |
| Signature of Director of Instruction/Other: |  |

|  |  |
| --- | --- |
| Signature of Superintendent/Agency Head: |  |

|  |  |
| --- | --- |
| Signature of Business Manager: |  |