

Appendix D

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

LEA/Agency/Organization Information

Name: _____

Date: _____

Address 1: _____

Address 2: _____

Amount of Funding Requested: _____

Total Cost of Project: _____

Coordinator's Name: _____

Email: _____

Telephone: _____

Proposed Subgrant Project Title: _____

Description of Project:

Objectives and Goals of the Project (How will this subgrant strengthen organization, make improvement or achieve success?)

Specific Activities (Include information about service delivery and timeline):

Signature of Chief School Officer/Agency Head: _____

Printed Name:

Signature of Business Manager: _____

Printed Name:

Date: _____