State of Delaware
Department of Education
Subgrant Application

LEA/Agency/Organization Information

Name: _____ **Date:** _____

Address 1: _____
Street Address P.O. Box

Address 2: _____
City State Zip Code

UEI # _____

DEPT ID: _____

Amount of Funding Requested: _____ Total Cost of Project: _____

Coordinator's Name: _____ Email: _____ Telephone: _____

Proposed Sub-Grant Project Title: _____

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

Description of Project:

Objectives and Goals of the Project (How will this sub-grant 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: _____ Date: _____

Signature of Business Manager: _____

Printed Name: _____ Date: _____