2022 Community School Initiative Grant Application Cover Sheet

School	District Name:				
Addres	5S				
Federal Tax ID Number (TIN)					
Please	enter below the School(s) and School District that this proposal will serve.				
<u>Applic</u>	ation Checklist				
	Districts applying for this funding opportunity must complete this application and				
provid	e a proposal, including a scope of work and budget detailing the following:				
	Narrative document that includes the school's mission and vision statements as well as a				
	summary of the school's ability to sustain the Community School model in their district. This				
	document shall not exceed two (2) typed pages, double-spaced. Supporting documentation				
	demonstrating the schools' plan and strategies for enhancing the community school model in				
	their district and to help support child abuse prevention. A list of community partners with whom the school district is already in collaboration with to sustain the model should also be				
	included.				
П	At least two letters of commitment are required from community providers or other outside				
	organization that clearly supports the Community School model in the school district. Please				
	do not exceed four (4) letters.				
	Completed W-9 form (<u>https://www.irs.gov/forms-pubs/about-form-w-9</u>).				
	Written plan detailing:				
	• The school district's needs, equipment, and/or services that will be funded by the grant for				
	a two-year period for their Community School model.				
	• The timeline for the community school program's needs, equipment, and/or services to				
	be implemented.				
_	• The proposed budget for each service/item as applicable.				
	This completed application cover sheet.				

The documents should be assembled and scanned into a PDF file and emailed to both <u>Angela.newcomb@dhs.arkansas.gov</u> and Leslie.Sebren@dhs.arkansas.gov

No paper copies will be accepted.

Deadline for submission is April 29, 2022. Those submitted after 4:30 p.m. on April 29, 2022, will not be accepted

For any questions or clarifications regarding the grant application, please contact Angela Newcomb at <u>Angela.newcomb@dhs.arkansas.gov</u>

Organization's Point of Contact Information

The point of contact (POC) for the organization's application must fill out each field in this Section.

POC Legal Name						
POC Title						
POC Email						
POC Phone						
Physical Address						
Physical City						
Physical Zip						
Mailing Address						
Mailing City	Mailing	Zip				
School District's Responsible Party						
Printed Name						
Title						
, .	hat the submission of the 2022 Community School Initia proved by me and, if necessary, the School Board of the					

Signature		
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Date