**Name of Organization or Individual & Contact information (please complete all information)**

|  |
| --- |
| Legal Name of Organization: |
| Name and Position of Legal Signer of Contracts: |
| Name and Position of Primary Contact: |
| Primary Contact Phone Number: |
| Primary Contact E-mail: |
| Street Address: |
| City, State and Zip Code: |

**Organization Status (please check one)**

\_\_\_For-Profit

\_\_\_Not-for-Profit (If Not-for-Profit, please provide evidence of this status.)

**Program/Service Components (please check one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Literacy (Reading & Writing |  | **STEM** |  | Healthy Living |
|  | Social-Emotional Skills |  | Science |  | Sports |
|  | Performing Arts |  | Math |  | College & Career |
|  | Visual Arts |  | Technology |  | Leadership/Service |

 **Grade Levels Intending to Serve (please check all appropriate)**

 **Kindergarten - 2 Grade 3 - 5 and/or** **Grade 6 – 8**