

Attachment 1: Application Cover Sheet
Restorative Practices Grant Program:

Please complete the following:

Local Educational Agency (LEA) Name:

LEA's County-District-School Code:

LEA's Mailing Address:

LEA's Registered Unique Entity Identifier (UEI)

Requested amount (\$100K maximum per LEA)

Primary Contact:

Name:

Title:

Phone:

Email:

Secondary Contact:

Name:

Title:

Phone:

Email:

Signature of Superintendent or Designee:

Date: