



Project Budget:

Please provide a detailed budget for this project, including the total cost and a breakdown of expenses. Additionally, list any other resources or funding you are seeking.

Project Timeline:

Detail the timeline for your program, including key checkpoints and milestones.

Contingency Plan:

Explain your plan if the total requested funding is not received.

Program Coordinator

Please provide contact information for the coordinator of the program or activity.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

School Principal

Please provide contact information for the principal of the school where the program or activity will be conducted.

First Name: _____ Last Name: _____

Phone: _____ Email: _____



Grant Coordinator

Please provide contact information for the grant coordinator of the program or activity.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

I have read the attached MOCMS Healthy Schools Grant Program Guidelines and Requirements and agree to all the requirements presented.

Signatures:

Grant Coordinator's Signature

Date

Printed Name

School Principal's Signature

Date

Printed Name