

APPENDIX I- AFTERSCHOOL MATCH PARTNERSHIP (AMP) 2020 GRANT

I. GRANT APPLICATION COVER SHEET

CONTRACTING ORGANIZATION

Contracting Organization _____

Federal Tax ID #: _____ DUNS #: _____

This entity is a: ☐ Government Agency ☐ Non-Profit Organization (attach 501(c)(3) letter ☐ LEA _____

Organization's Signature Authority:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Electronic/Original Signature: _____ Date: _____

GRANT CONTRACT ADMINISTRATOR (if different from above)

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

FINANCIAL ADMINISTRATOR CONTACT (if different from above)

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

FUNDING DETAILS

Select the type of expenditures you are identifying as match:

List the dollar amount of expenditures you are identifying as match:

Number of program sites you are applying for:

**Maximum Is Eight Program Sites Per Organization*

Potential Award Amount	Type of Expenditure			
	Private/Public		Kindergarten	
	# of Program Sites	Minimum to Identify	# of Program Sites	Minimum to Identify
\$50,000.00	1	\$100,000.00	1	\$1,000,000.00
\$100,000.00	2	\$200,000.00	2	\$1,000,000.00
\$150,000.00	3	\$300,000.00	3	\$1,000,000.00
\$200,000.00	4	\$400,000.00	4	\$1,000,000.00
\$250,000.00	5	\$500,000.00	5	\$1,000,000.00
\$300,000.00	6 to 8	\$600,000.00	6 to 8	\$1,000,000.00