

SCHOOL DISTRICT INFORMATION:

School District Name:

IRN:

Address:

City/Zip:

Year Opened:

Grade Configuration:

Contact Information:

Chief Administrative Officer:

Phone: () -

E-Mail:

Treasurer Name:

Phone: () -

E-Mail:

Project Contact:

Phone: () -

E-Mail:

Governing Body:

Name/Title/Agency:

Phone: () -

E-Mail:

Enrollment Information By Grade:

Grade	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
7						
8						
9						
10						
11						
12						
Total	7					

Does this enrollment reflect the projected enrollment in the business plan as approved by the STEM Committee?

Yes / No

Program Description

Academy's Current Demographics:

Project Description *(check all that apply)*

Our Project Consists of:

- New Construction**
- Renovation of Existing Structure**
- Addition to Existing Structure**

If the proposed project is a renovation or addition:

Does the school own the facility(s) for which the funds are being requested? **Yes / No**

Does the school lease the facility(s) for which the funds are being requested? **Yes / No**

Project Narrative *(please complete a project narrative demonstrating the need for facilities assistance and include):*

a. Complete description of work to be done (summary):

b. Main Goals of proposed capital project:

Project Budget and Funding:

CERTIFICATION:

I hereby certify that this proposal is complete and accurate to the best of my knowledge and has been approved by the governing body of this STEM school.

Signed:

By: _____

Print Name: _____

Title: _____

Date: _____, _____

By: _____

Print Name: _____

Title: _____

Date: _____, _____

By: _____

Print Name: _____

Title: _____

Date: _____, _____

By: _____

Print Name: _____

Title: _____

Date: _____, _____