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**Ten Sigma Starting Line Matching Grant Application**

Name of Service Center or Cooperative: ­

Address of Service Center or Cooperative:

City/St/Zip:

Grant Coordinator: Title:

Telephone: - Email:

Briefly Explain Your Need for this Grant:

**Names of Participating Schools or Districts Number of *Foundations* Number of *Fast Track***

**Workbooks Being Ordered Workbooks Being Ordered**

School/District 1: \_

School/District 2: \_

School/District 3: \_

School/District 4: \_

School/District 5: \_

School/District 6: \_

School/District 7: \_

School/District 8: \_

School/District 9: \_

School/District 10: \_

Total Workbooks: Total Workbooks:

**Please complete the steps below to determine Ten Sigma’s Starting Line workbook contribution and the estimated funding required for the remaining workbooks to be purchased by the regional service center, special education cooperative, or member districts (if approved) for a Ten Sigma Starting Line Matching Grant.**

Divide the “Total Workbooks” above by 2 (*Represents Ten Sigma’s Workbook Contribution*):

Total Number of Workbooks to be Purchased (*Should Match Ten Sigma’s Contribution*):

Multiply the Total Number of Workbooks to be Purchased by the Price Per Workbook: X $22.95 X $34.95

Estimated Funding Required to Purchase Remaining Workbooks for Grant Eligibility: $ $

Please add the totals from the “Estimated Funding Required to Purchase Remaining Workbooks for Eligibility” sections above and place the total below. This number represents the estimated funding amount that the regional service center, special education cooperative, or member districts will provide to be eligible for the grant. This number does not include final shipping and handling costs or any applicable taxes which will be paid by the regional service center, special education cooperative, or member districts.

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*(Proceed to Page 2 of the Ten Sigma Starting Line Grant Application)*

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**Ten Sigma Starting Line Matching Grant Application (Cont.)**

**Ten Sigma Starting Line Match Grant Application Authorization:**

By completing and submitting this Ten Sigma Starting Line Matching Grant Application, the Grant Coordinator agrees that he/she has reviewed, accepts, and meets the grant eligibility requirements found at <http://tensigma.org/grant-info>

If approved, the Grant Coordinator also agrees that the estimated funding required for the grant will be available. If your service center or cooperative is approved to receive a matching grant, Ten Sigma will provide a formal grant price quote explaining the total financial responsibility of the regional service center, special education cooperative, or member districts within 7 to 10 business days of receiving this grant application.

Date: Signature of Grant Coordinator:

Thank you for your interest in the Ten Sigma Starting Line program and matching grant opportunity. We look forward to partnering with you in helping your students to reach their greatest potential. Please contact Ten Sigma at

(800) 657-3815 with any questions about the Starting Line program, the Starting Line Matching Grant, or grant eligibility.