****

**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: $ $

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

Workbook Sub-Total $

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

****

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

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

**PDF Licenses Being Ordered PDF Licenses 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 Licenses: Total Licenses:

**Please complete the steps below to determine Ten Sigma’s Starting Line PDF license contribution and the estimated funding required for the remaining workbooks to be purchased by the qualifying organization (if approved) for a Ten Sigma Starting Line Matching Grant.**

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

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

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

Estimated Funding Required to Purchase Remaining Licenses: $ $

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

**PDF License Sub-Total $**

*(Proceed to Page 3 of the Ten Sigma Starting Line Grant Application)*

****

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

**Starting Line Workbook and PDF License Totals:**

Please complete the sections below using your sub-totals from the bottom of page one and the bottom of page two of this application.

Sub-total for workbooks $

Sub-total for PDF licenses $

Shipping/Handling (7% of workbook total) $

**Total financial responsibility of qualifying organization to be eligible for this matching grant** $

**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, cooperative, or member districts within 7 to 10 business days of receiving this grant application.

Date: Signature of Grant Coordinator:

**How to Submit the Starting Line Matching Grant Application:**

Mail: Ten Sigma

570 1st St. SE

St. Cloud, MN 56304

Email: [support@tensigma.org](mailto:support@tensigma.org)

Fax: 888-430-5476

**Have Questions:**

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.