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| **Name of Grant Program:** Supporting Arts & Cultural Vitality Teams | **Fund Code:** 718 |

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| PART III – REQUIRED PROGRAM INFORMATION |

1. School/Charter or District Name

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1. Primary Contact Person for this Proposal

*Name, Role, Contact Information (email and phone)*

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1. Person who, if awarded, will be responsible for facilitating the school/district review and will serve as a liaison between the school/district and DESE for communication about the process.

*Name, Role, Contact Information (email and phone)*

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1. Review Team Members

*Names, Roles, Contact Information (emails); if multiple schools will be participating, indicate*  *School Name for each member*

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1. Narrative explaining why your school/district has chosen to apply for this grant.

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