

NUMBER OF STUDENTS:

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EDUCATIONAL NEED

(Describe how the project addresses a compelling and well-defined need):

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STUDENT IMPACT

(Describe the impact that the project will have on students):

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**STATEMENT OF UNDERSTANDING**

I understand that the awarding of all grant amounts shall be the sole discretion of the Commissioner of Education, United States Virgin Islands Department of Education. The Office of the Commissioner has the right to disseminate information and materials developed as a result of the project. Grant funds must be used for developing and implementing the project proposed in this application, unless a request to use funds otherwise is submitted to and approved by the Commissioner of Education.

If I receive equipment or materials through the grant, I acknowledge that if I leave the school, the equipment or materials will remain at the school and can be assigned to another teacher. I understand that the grant amounts can only be accessed by way of invoices from the vendors. Whereas the Office the Special Funding will process the invoices.

Signature – Contact:

Principal/Supervisor

Submittal Date: _____

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OFFICE OF SPECIAL FUNDING ONLY

APPROVED

DISAPPROVED

DATE

Sharon Ann McCollum, Ph.D.
Commissioner

Sharon Ann McCollum, Ph.D.
Commissioner