Text

Description automatically generated

**FY2024 School District Grant Application**

Date of Application:

School District Name and Address *(district’s main office location must be within one of the nine ECR counties)***:** 

Primary Contact Name *(Person completing application)*: 

Primary Contact Email: 

Primary Contact Phone: 

Authorized Contact Name *(Person responsible for signing the MOU if approved)*:

Authorized Contact Email: 

Authorized Contact Phone:

Number of Enrolled Students:

**Incurred Brain (Mental) Health Expenses**

|  |  |
| --- | --- |
| **Expense Description** | **Total Cost** |
| **Example:**  Therapy costs | $5,000 |
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| Grand Total |  |

Application deadline is March 22, 2024.

Applications must be submitted to: Chelle Klootwyk at [mklootwyk@ecriowa.us](mailto:mklootwyk@ecriowa.us).

Invoices, along with a copy of the signed MOU, must be submitted to: [claims@ecriowa.us](mailto:claims@ecriowa.us); 210 5th Ave NE, Independence, IA 50644