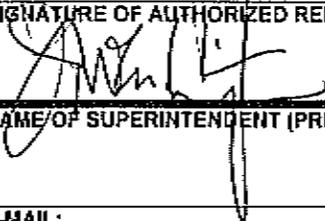
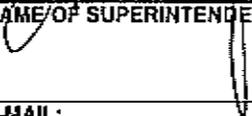


**MISSOURI'S
LEA/DISTRICT SCHOOL IMPROVEMENT GRANT APPLICATION
TITLE I, SECTION 1003 (G) OF ESEA**

APPLICATION COVER SHEET

LEA/DISTRICT AND PROGRAM CONTACT INFORMATION		
LEA/DISTRICT/AGENCY NAME Kansas City 33 School District		COUNTY-DISTRICT CODE 048-078
To the best of my knowledge and belief, all of the information and data in this application are true and correct.		
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (PRINTED NAME): Dr. John Covington, Superintendent		TELEPHONE: 816-418-7000
E-MAIL: jwmcovington@kcmsd.net		FAX NUMBER 816-418-7712
SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		DATE: 7-14-10
NAME OF SUPERINTENDENT (PRINTED NAME): 		TELEPHONE:
E-MAIL:		FAX NUMBER
SIGNATURE OF SUPERINTENDENT (IF OTHER THAN AUTHORIZED REPRESENTATIVE)		DATE:
DEPARTMENT APPROVAL		
For Department use only.		
SIGNATURE OF THE DEPARTMENT AUTHORIZED REPRESENTATIVE 	DATE 8-2-10	TOTAL APPROVED \$ 2,420,700