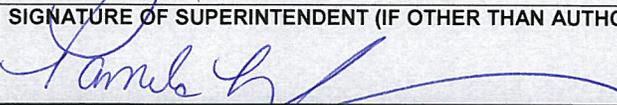


**MISSOURI'S
LEA/DISTRICT SCHOOL IMPROVEMENT GRANT APPLICATION
TITLE I, SECTION 1003 (G) OF ESEA**

APPLICATION COVER SHEET

LEA/DISTRICT AND PROGRAM CONTACT INFORMATION		
LEA/DISTRICT/AGENCY NAME Genesis School	COUNTY-DISTRICT CODE 048-905	
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): Sylvester James Jr., President of Board	TELEPHONE: 816-921-0775	
E-MAIL: sly@slyjamesfirm.com	FAX NUMBER 816-921-4268	
SIGNATURE OF AUTHORIZED REPRESENTATIVE: 	DATE: 7-14-10	
NAME OF SUPERINTENDENT (PRINTED NAME): Pamela Pearson	TELEPHONE: 816-921-0775	
E-MAIL: pamelap@genesisschool.org	FAX NUMBER 816-921-4268	
SIGNATURE OF SUPERINTENDENT (IF OTHER THAN AUTHORIZED REPRESENTATIVE) 	DATE: 7-14-10	
DEPARTMENT APPROVAL		
For Department use only		
SIGNATURE OF THE DEPARTMENT AUTHORIZED REPRESENTATIVE 	DATE 8-2-10	TOTAL APPROVED \$ 250,120