

**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 Jennings School District		COUNTY-DISTRICT CODE 096-104
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): Clarence Holman, Superintendent		TELEPHONE: 314-653-8000
E-MAIL: holmanc@jennings.k12.mo.us		FAX NUMBER 314-653-8030
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 \$ 364,226