

**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 St. Louis City School District	COUNTY-DISTRICT CODE 115-115	
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. Kelvin Adams, Superintendent	TELEPHONE: 314-231-3720	
E-MAIL: Kelvin.adams@slps.org	FAX NUMBER 314-345-2661	
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	DATE: 7-14-10	
NAME OF SUPERINTENDENT (PRINTED NAME): Kelvin R. Adams	TELEPHONE: 314-345-2296	
E-MAIL: kelvin.adams@slps.org	FAX NUMBER 314-345-2661	
SIGNATURE OF SUPERINTENDENT (IF OTHER THAN AUTHORIZED REPRESENTATIVE) 	DATE: October 13, 2010	
DEPARTMENT APPROVAL		
For Department use only.		
SIGNATURE OF THE DEPARTMENT AUTHORIZED REPRESENTATIVE 	DATE 8-2-10	TOTAL APPROVED \$ 4,277,648