**Form A**

**Application Cover Page – Early Educator Wage Sustainability Grants**

On the cover page, the organization submitting the application must be fully identified, as well as the contact person for this grant. All boxes must be appropriately completed, including signatures, addresses, telephone numbers, e-mail addresses, and the federal employer identification number (EIN) of the applicant organization.

**Early Educator Wage Sustainability Grants**

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| --- | --- | --- |
| **COMPLETION: Voluntary, (consideration for funding will not be possible if form is not filed).** | **GOISD**200 S. Elm St.Ewen, MI 49925 | ***Direct questions regarding these forms to*** ***jstenson@goisd.org******.*** |

|  |  |  |
| --- | --- | --- |
| **APPLICANT****ORGANIZATION** | **Legal Name of Applicant** | **Employer ID Number**EIN |
| **Address**Address | **City** City | **Zip Code** Zip Code |
| **PAGE ONE OF THE APPLICANT'S CURRENT IRS FORM 990 IS ATTACHED WITH THIS APPLCIATION. YES** **[ ]  NO** **[ ]**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY CONTACT PERSON** | **Name of Contact Person**Name of Contact | **Primary Phone**(123) 456-7890 | **Secondary Phone**(123) 456-7890 |
| **Address**Address | **City**City | **Zip Code**Zip Code |
| **E-Mail Address**Email Address | **County**County |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECONDARY CONTACT PERSON** | **Name of Contact Person**Name of Contact | **Primary Phone**(123) 456-7890 | **Secondary Phone**(123) 456-7890 |
|  | **Address**Address | **City**City | **Zip Code**Zip Code |
|  | **E-Mail Address**Email Address | **County**County |

**Iran Linked Business-Public Act 517 of 2012. By signing this form, I certify that the Company is not an Iran-Linked business as defined by Public Act 517 of 2012.**

SIGNATURE OF AUTHORIZED OFFICIAL Type to Sign

TYPED NAME/TITLE: Name/Title

DATE: MM/DD/YY

**SUBMITTING INSTRUCTIONS:** Completed application forms must be submitted to jstenson@goisd.org on or before Friday, August 15, 2025, at 5:00 p.m. EST.