

FY23 ACHIEVEMENT CENTER PROGRAMMING INITIATIVE COVER PAGE	
1) LEGAL BUSINESS NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	
3) PAYEE Name and Mailing Address (if different from above):	
4) Program Title:	
5) Program Summary:	
6) TYPE OF PROGRAM (check ONE): Technology (3 months – February to April 2023) Arts (3 months May to July 2023)	
7) TOTAL FUNDING REQUESTED: 8) STAFFING LIST:	11) PRIMARY CONTACT PERSON Name: Phone: Email:
	12) FINANCIAL OFFICER Name: Phone: Email:
12)AUTHORIZED REPRESENTATIVE Name: Title: Phone: Email:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE14) DATE