

MIDDLESEX COUNTY MAGNET SCHOOLS  
SPECIAL PROJECTS COVER SHEET

This form must be initiated at the inception of all special projects and sent to the Business Office.

Project Manager (Grant Writer): \_\_\_\_\_

Name of Project: \_\_\_\_\_

Contract No: \_\_\_\_\_

Contract Period: \_\_\_\_\_

Contract Amount(s): \_\_\_\_\_

Project's Sponsor (Source): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Resolution for Application (Date): \_\_\_\_\_

Resolution for Acceptance (Date): \_\_\_\_\_

District Personnel Needed for Implementation of Project:  
 (Specify type Needed: coordinator, clerk-typist, instructor, custodian, etc. –  
 attach additional sheet if necessary.)

|       |       |
|-------|-------|
| _____ | _____ |
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| _____ | _____ |
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Personnel Assigned:

| Name: | Salary: | Project's Share: | Local Share: |
|-------|---------|------------------|--------------|
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