



# GRANT APPLICATION: SawStop

*Please complete each field below, either on this form or on a separate sheet. Be sure to print clearly.*

**Name of PACE Member Entity:**

**Contact Person's Name:**

**Date:**

**E-Mail:**

**Phone Number:**

**K-12/Charter Member ADM (check one):**

**Complete Mailing Address:**

<999

1000-2999

>3000

ESD

Community College

**Brief description of saw replacement project:**

**Impact to student safety:**

*To be considered, your grant application must be completed in full and submitted to PACE. Submit completed applications to PACE GRANT, PO Box 12613, Salem, Oregon 97309, fax to 503-371-4781, or email to [ashewey@sdao.com](mailto:ashewey@sdao.com).  
Questions? Contact Aubrie Shewey at 800-285-5461, extension 113 or 503-375-8891.*