

Grant Application Approval

Please attach a copy of the Grant Application to this form

Grant Title: _____

Name of Applicant: _____ School: _____

Funding Source: _____ Grant Value: \$ _____

Grant Purpose (goals): _____

Requirements of Grant (reports, surveys, expectations): _____

What other Departments may be impacted by grant funding? (i.e: IT Department, Teaching & Learning, etc): _____

Submission Deadline: _____ Grant Award Period Start: _____ End: _____

Grant Reporting Deadline: _____

Approvers

Principal _____ Director of Teaching and Learning _____

CFO _____ Superintendent _____

Grant Manager: _____

BOE Meeting Date: _____

Rev 2/18