

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: _____
(date and time)

Grant Reporting Deadline: _____

Link to Grant Request for Proposal (RFP): _____

Approvers	
Principal _____	Director of Teaching and Learning _____
CFO _____	Superintendent _____

Grant Manager: _____

BOE Meeting Date: _____