



GRANT APPLICATION FORM

Please complete this form prior to submitting a grant on behalf of the district, school, classroom or program.

General Information

Contact/Grant Initiator: _____

Email Address: _____

School : _____

Granting Organization Name: _____

Amount Requested: _____

Due Date: _____

Brief Description of program/project (100-word maximum):

Considerations Please

- x Are matching funds necessary? ___
- x Does the receipt of this grant require change to existing programs, equipment or curriculum? ___
- x Does the grant require district assurances approved and signed by the superintendent or designee? ___
- x Is there a cost to the district or school? ___
- x Is there another person/group in the district competing for these funds? ___
- x Are there reporting requirements? ___
- x Is there capacity within the district/school to manage the grant requirements? ___
- x Does the grant require a nonprofit partner? ___
- x Are there other groups/individuals in the district or community that should also consider this opportunity? ___
- x Could you partner on this application? ___

Check the box to confirm discussion with principal and/or district supervisor.

Signature of Contact _____

Reminder: If awarded funds, please notify your principal and/or district supervisor and the district grant writer.