



## 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.