

## 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 answer Y or N to the following questions.*

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