

GRANT APPLICATION FORM

Please complete this form prior to submitting a grant on behalf of the district, school, classroom or program. Return to: grants@bellingshamschools.org

General Information

Contact/Grant Initiator: _____

Email Address: _____

School(s): _____

Granting Organization Name: _____

Amount Requested: _____

Due Date: _____

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

Considerations: *Please check the box to confirm you have considered the following:*

- 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.