

Grant Application Approval Form

Grant Applicant: _____ Date: _____

Title of Grant: _____ Amount: _____

Date Due: _____ Term of Grant: _____

Is this an online donation site? Yes No Name of Site: _____

(Go Fund Me, Donor Choose, etc.)

Description of how funds will be used: _____

District Commitment:

Staff Time: _____

Matching Funds: _____

Matching In-Kind: _____

Other: _____

Grant Application Attached? Yes No

Is this an online grant: Yes No *If yes, please provide copies of the narrative and budget papers.*

Grant Budget Attached? Yes No Budget Total: _____

Applicant's Signature (indicates review of Policy #505.35) Date

Business Manager Review Date: _____ (if over \$5,000) _____ initials

Comments: _____

Administrator's Signature Date

Superintendent's Signature Date

Approved Not Approved