



# Grant Approval Form

**\*\*Please Plan accordingly - Grant applications cannot be submitted without written approval from the SCPS Grant Coordinator**

## Grant Applicant Information

Name \_\_\_\_\_  
School/Department \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

## Grant Source Information

Type of Grant \_\_\_\_\_  
Grant Source \_\_\_\_\_  
Name of Grant Provider \_\_\_\_\_  
Web address of Source \_\_\_\_\_  
Mailing Address of Source \_\_\_\_\_  
\_\_\_\_\_  
Phone Number of Source \_\_\_\_\_  
Fax Number of Source \_\_\_\_\_

## Title of Submission

## Brief Description of Grant

**\*\*\*Please attach a copy of the completed grant application.**

## Grant Information

Project Start Date \_\_\_\_\_  
Project End Date \_\_\_\_\_  
Due Date for Grant Application \_\_\_\_\_  
Amount of Funding Requested \$ \_\_\_\_\_  
Is there a Reporting Requirement \_\_\_\_\_

No. of Students benefiting \_\_\_\_\_  
No. of Teachers benefiting \_\_\_\_\_  
Amount of Local Match, if required \$ \_\_\_\_\_  
Focus Area \_\_\_\_\_

## For Grant Office Use ONLY

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date School Board Accepted Grant

## Required Signatures

\_\_\_\_\_ Grant Application Point of Contact

\_\_\_\_\_ Date

\_\_\_\_\_ School Principal/Dept. Supervisor

\_\_\_\_\_ Date

\_\_\_\_\_ Grant Coordinator

\_\_\_\_\_ Date

\_\_\_\_\_ Technology (if affected)

\_\_\_\_\_ Date

\_\_\_\_\_ Human Resources (if affected)

\_\_\_\_\_ Date

\_\_\_\_\_ Chief Financial Officer (if affected)

\_\_\_\_\_ Date

\_\_\_\_\_ Superintendent/Designee

\_\_\_\_\_