

GRANT/FUNDING REQUEST FORM



[REQUESTOR]
[SCHOOL]
[ADMINISTRATOR]
[DATE]

SCHOOL PROGRAM USING FUNDS/ITEMS: _____

CHECK APPLICABLE BOX

GRANT

[NAME OF GRANT]
[PROVIDER OF GRANT]
[ADDRESS]
[CITY, STATE ZIP]
[PHONE]
[EFFECTIVE DATE OF GRANT]

DESCRIPTION AND PURPOSE OF GRANT

ARE MATCHING FUNDS REQUIRED? Y/N
IF YES, EXPLAIN
IS THERE ANY FINANCIAL REQUIREMENT FROM THE SCHOOL? Y/N
WOULD THE SCHOOL NEED TO USE OWN FUNDS TO CONTINUE PROGRAM AFTER GRANT? Y/N
WOULD CURRICULUM OR DELIVERY OF INSTRUCTION BE CHANGED DUE TO THE GRANT? Y/N
IF YES, HOW?

FUNDING ENTITY

[NAME OF ENTITY]
[ADDRESS]
[CITY, STATE ZIP]
[PHONE]

DESCRIPTION AND PURPOSE OF ITEM(S) REQUESTED

HAS THIS ITEM(S) BEEN PREVIOUSLY REQUESTED THROUGH SCHOOL FUNDING? Y/N
ARE MATCHING FUNDS REQUIRED? Y/N
IF YES, EXPLAIN
IS THERE ANY FINANCIAL REQUIREMENT FROM THE SCHOOL? Y/N
WOULD THE SCHOOL NEED TO USE OWN FUNDS TO CONTINUE USE IN THE FUTURE? Y/N
WOULD CURRICULUM OR DELIVERY OF INSTRUCTION BE CHANGED DUE TO THE RECEIPT OF ITEM(S)? Y/N
IF YES, HOW?

SIGNATURE OF REQUESTOR _____

APPROVAL IN ORDER:

PRINCIPAL OR SUPERVISOR _____

SUPERINTENDENT _____

BUSINESS MANAGER _____