



Grant Donor _____ Grant Deadline Date _____

Date _____ Amount of funding requested \$ _____

Project Purpose and Location _____

Applicant Name & Signature _____ Building _____

GRANT PROPOSAL CHECK OFF LIST

Please check the grant proposal and preparation work to make sure the following issues have been resolved prior to sending the grant application for final review and signature by the Superintendent. *(Attach this completed form to the top of the grant proposal before sending it to the District Office.)*

Check one of the following for each item listed below.

**Yes or No or
N/A (Not Applicable)**

I. Staffing

1. More teaching staff needed _____
2. More aide time needed _____
3. More administrator time needed at Central Office _____
4. More administrator time needed at Building _____
5. More secretarial staff needed _____
6. Staff needs discussed in advance with Human Resources Office _____

II. District Resources

7. Additional classroom instructional resources needed _____
8. Additional supplies and materials _____
9. More classroom space needed _____
10. Bus transportation for students will be needed _____
11. Additional computer or technological support needed _____
12. Storage or warehouse space needed _____

III. Grant Administration

13. District matching money needed _____
14. The process for claiming funds has been discussed with Business Office _____
15. The indirect rate for the grant has been checked with Business Office _____
16. Is the grant proposal for two or more years of funding? _____
17. Will time and effort reports be required by the funding agency? _____

Please respond to the following questions:

18. Who will be the coordinator or project director? Name _____

19. How will the project be supported after special funding ends? (Explain)

20. What are the implications for your program, including staff and students, if the grant proposal is not funded? (Explain)

SIGN OFF: _____	Principal/Program Supervisor	Date _____
_____	Executive Director of Teaching/Learning	Date _____
_____	Executive Director of Business Services	Date _____
_____	Superintendent	Date _____

Forward completed form to the Fiscal Department.