



New Hanover County Schools
Great Expectations. Every School, Every Child.

This form is to be completed when partnering with an organization who is writing a grant.

Date: _____

Name of Fiscal Agent: _____
(If the Fiscal Agent is New Hanover County Schools, see "Request to Apply for a Grant" on the www.nhcs.net website under the Student Support Department)

Title of Grant: _____

Contact Person: _____

Address: _____

Phone : () _____

Fax: () _____

Email: _____

Goal of Partnership/Grant: _____

Commitment of school, or school system:

- Matching funds Amount: _____
- In-kind Contributions Define: _____
- Other (explain): _____

New Hanover County Contact: _____

Letter of support required of the principal? ____ Yes (If yes, please attach a copy) ____ No

REQUIRED SIGNATURES:		
_____ NHCS Principal/Director	_____ Director, Student Support Services	
_____ Community Agency Contact Signature		

- *Please be aware that this form is to be submitted to the Director of Student Support Services a minimum of two weeks prior to the grant submission deadline.*