

Grant Fact Sheet

1a. Official Grant Title from Grantor Agency: 1b. NHCS Grant Title (if different):	2. Grantor Contact Name: Phone: _____ Email: _____ Fax: _____
---	--

3. Type and Name of Grantor Agency: (complete name) <input type="checkbox"/> Federal _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Private Foundation _____ <input type="checkbox"/> Corporate _____ <input type="checkbox"/> Other _____	4a. Is this a pass through Grant? (provide name of agency) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ 4b. Is this grant renewable? <input type="checkbox"/> Yes, it is renewable for ___ years <input type="checkbox"/> No, it is one-time funding 4c. What is the plan for sustainability?
---	--

5a. Does this grant require matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No 5b. Does this grant require in-kind contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. Please list the amount of matching funds (if applicable): \$ _____ 6b. Funding source for match: _____ 6c. List in-kind contributions: _____
---	--

7. Please list project collaborators/partners and any matching funds from these organizations?
(Note: Who is lead applicant if not NHCS?)

a. _____
 b. _____
 c. _____
 d. _____

8a. With which State Board of Education goal does this grant align?

8b. With which school goal does this grant align?

8c. What Professional Development would be necessary to support this grant?

9. Budget Information: Please attach detailed, line item grant budget (i.e. salary, benefits, supplies, etc.)
Note: If NHCS is not the lead applicant for the grant, provide the anticipated amount NHCS may receive from the grant.

NHCS Information

10. NHCS Department or School responsible for the grant:	11. Name of Grant Budget Manager assigned: Name: _____ Phone: _____ Fax: _____ Email: _____
---	--

12. List where and with whom original grant documents (including electronic files) are filed:	13. Signature and Date signed by Grant Budget Manager: (Signature) _____ (Date) _____
--	--

Submit a copy of the award letter to Finance Officer (*Mary Hazel Small*) and Student Support Services Director (*Lisa Morris*)

Finance Department Use

Accounting Requirements Approved by Finance Officer: <input type="radio"/> Budget Centrally <input type="radio"/> Maintaining Records in School Funds	Date Approval Notice Received from Grantor: _____ Approved Amount: _____	Finance Officer Signature/Date: (Signature) _____ (Date) _____
--	--	---