

MISD GRANT CHECKLIST

MISD Fund Number: \_\_\_\_\_

Grant CFDA Number: \_\_\_\_\_

Grant Pass-Through Entity Identifying Number: \_\_\_\_\_

Grant Starting Date: \_\_\_\_\_

Grant Ending Date: \_\_\_\_\_

Copy of the Grant Application (must be included) along with the Budget Summary Form and Budget Request Sheets

Original Notice of Grant Award or Contract (must be included)

NOTE: If the Grant is a Shared Grant, in addition to a copy of the Notice of Grant Award, submit a signed document indicating the amount granted to Mansfield I.S.D.

District representative responsible for administering the Grant and ensuring compliance with grant guidelines:

Name: \_\_\_\_\_

The Grant is:

Reimbursing Grant (expenses are reimbursed after expensed)

Reimbursed:

Monthly Funds are to be received by the district:
Quarterly Wire or ACH (include the bank form to be
Final completed)
Other Check

Advancing Grant (advances are automatically made by the Grantor)

Advanced:

Monthly
Quarterly
Final
Other

Reporting Requirements:

Grant contact person and phone number:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reports are to be submitted:

Monthly Due Date(s): \_\_\_\_\_
Quarterly Due Date(s): \_\_\_\_\_
Final Due Date: \_\_\_\_\_
Other Due Date: \_\_\_\_\_

Reporting forms or example report (must be attached)

Documentation requested to be sent along with report:

Copies of all paid invoices
Copies of all travel payments
Copies of purchase orders
Copies of teacher stipend payments
Other:
Only the report is to be sent

I certify that all information submitted is correct.

Signature of Grant Coordinator

NOTE: The grant will not be placed in the budget and will not be available for expenditure until all items are received by the Business Office.

BUDGET SUMMARY FORM  
2018-2019

\_\_\_\_\_ New Funding

\_\_\_\_\_ Additional Funding

Total Budget Requests for Function 11	\$ _____
Total Budget Requests for Function 12	\$ _____
Total Budget Requests for Function 13	\$ _____
Total Budget Requests for Function 21	\$ _____
Total Budget Requests for Function 23	\$ _____
Total Budget Requests for Function 31	\$ _____
Total Budget Requests for Function 32	\$ _____
Total Budget Requests for Function 33	\$ _____
Total Budget Requests for Function 34	\$ _____
Total Budget Requests for Function 35	\$ _____
Total Budget Requests for Function 36	\$ _____
Total Budget Requests for Function 41	\$ _____
Total Budget Requests for Function 51	\$ _____
Total Budget Requests for Function 52	\$ _____
Total Budget Requests for Function 53	\$ _____
Total Budget Requests for Function 61	\$ _____
Total Budget Requests for Function 71	\$ _____
Total Budget Requests for Function 81	\$ _____
Total Budget Requests for Function 93	\$ _____
Total Budget Requests for Function 99	\$ _____
<b>TOTAL DIRECT COSTS:</b>	\$ _____
<b>INDIRECT COSTS:</b>	\$ _____
<b>TOTAL GRANT:</b>	\$ _____
<b>REVENUE:</b>	\$ _____

NOTE: The totals for each function must equal the Budget Requests for each function.  
Additionally, the Total Costs must be the total of all Budget Requests.

\_\_\_\_\_  
Requested By: Grant Coordinator / Teacher

\_\_\_\_\_  
Approved By: Principal (if campus)

\_\_\_\_\_  
Approved By: Associate Superintendent

\_\_\_\_\_  
Approved By: Associate Superintendent for Business and Finance

**MANSFIELD INDEPENDENT SCHOOL DISTRICT**

\_\_\_\_\_  
Campus/Organization Name

**BUDGET REQUEST\***  
2018-2019

Name of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

	CIP Ref #	BUDGET
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL</b>	\$

\* To be completed and submitted to the Business Office with budget printouts.