

PO# _____
Funding Source: _____
Approved _____ **Disapproved** _____

**BARRE UNIFIED UNION SCHOOL DISTRICT
GRANT APPLICATION PRIOR-APPROVAL FORM**

Directions: Complete this form and submit for approval **BEFORE APPLYING FOR ANY GRANT**. Please submit a copy of the grant application and any supporting documentation along with this form. Submit to the Curriculum Office on Ayers Street. You will receive notification of approval or denial of the grant. If your request is approved, you may then submit the grant application. If the grant is approved, please send approval notification to the Curriculum Office.

Name of Person Applying for the Grant (Grantor): _____
(Please Print)

Applicant's School E-Mail Address: _____
(Please Print)

School (Circle or Highlight One): BCEMS BTMES SHS CVCC

Name of the Grant: _____
Grantor Contact E-Mail Address: _____
Grantor Contact Phone Number: _____

Grant Purpose:

Estimated Dollar Amount of the Grant: \$ _____ Is this grant new us this year?
 Yes No

Start Date: _____ End Date: _____

Filing Requirements:

Does this grant require copies of invoices for reimbursements? Yes No

Fiscal and/or Program Requirements? (For example, will the school and/or district be required to commit to picking up budget costs after a certain number of years?)

Does this grant require any district in-kind matching? Yes No

Building Principal's Signature: _____ Date: _____

FOR CENTRAL OFFICE USE ONLY (SUPERINTENDENT'S OFFICE)

School Building Level Grant Supervisory Union Grant Federal or State Grant

Grant Approved Denied

Application Reviewed By: _____ **Date Reviewed:** _____

Date Applicant Notified of Decision: _____ How Notified: _____

Copy Sent to Business Office