

Request for Grant Funding – RPS205

Requested by:	School:	Committee/Dept:
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Description of Request (product, service, or workshop/conference):

Vendor Number:	Vendor Contact Info:
Vendor Name:	

Costs:

\$ _____ for stipends (# _____ Total Hours at \$35.62/hour)(Note: Must be beyond the contract day)

\$ _____ for substitute teachers (# _____ of full days at \$160 each and/or _____ half days at \$90 each)

\$ _____ for materials and supplies (attach page 2 or quote from the vendor)

\$ _____ for services (attach quote and describe fully above)

\$ _____ for workshop/conference (attach page 3 listing all requested expenses)

\$ _____ Total costs for this project

Rationale for Grant Funding (include expected or achieved results, your dissemination plan, etc.)

I & I Department Process

\$ _____ Total allocation approved

Funding Source:	Account Number(s):
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Grant Manager/Contact:

Comments:

Signature:	Date
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Processing Time Needed: Purchases - min. 2 weeks, Travel - min. 30 days, Services - min. 30 days.

