

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): \_\_\_\_\_

Applicant's School E-Mail Address: \_\_\_\_\_

School (Check 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

Grant Denied

*Application Reviewed By:* \_\_\_\_\_ *Date Reviewed:* \_\_\_\_\_

Date Applicant Notified of Decision: \_\_\_\_\_

**Copy Sent to Business Office**

**Yes**

**No**

How Notified: \_\_\_\_\_