

**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 \$46/hour)	<b>(Note: Must be beyond the contract day)</b>
\$	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
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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.**

