

GRANT PROPOSAL TRANSMITTAL FORM

A. Contact Information	B. Grant Information
Applicant's Name:	Grant Name:
Applicant's School:	Granting Agency:
	Address:
	City, State, Zip:
C. Grant Timeline	
Grant Deadline:	
Grant Notification Date (if known):	
Date program or project is expected to begin:	
Date program or project is expected to end:	
Date Grant Report is Due (if known):	
E. Curriculum Impact	
1. Title of proposed grant program or project:	
2. Brief program or project description:	
3. Specifically describe how this program or project aligns with the district's mission or strategic plan, the school's improvement plan and how it will improve student learning for the subject matter to be addressed.	
4. Please list the instructional outcome and objectives of this program or project.	
F. Financial Impact	
5. Are there any on-going costs associated with this program and project? (If yes, please describe) Are supplemental (in-kind) funds from the district, such as: equipment, computers, power, water, transportation, staff, etc. needed, or to be used, for the program or project? (If yes, please describe)	
6. Are there any alterations or constructions to be performed with respect to district facilities? (If yes, please describe)	

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G. Budget Information		
	District (In-kind) Funds	Granting Agency Funds
Benefits (per person)		
Equipment		
Evaluation		
Operational Expenses		
Other (list categories)		
Program Resources		
Salaries (list each)		
Staff Travel		
Stipends		
Technical Assistance		
Training/Conferences		
TOTAL		

Budget Information Definitions

Benefits

The allocation of fringe benefits should follow the district’s policy. Please consult the Employee Services Director in the Business Office at 235-3273 regarding fringe benefits.

Equipment

Any items over \$150. Needs to be ordered/delivered to the Warehouse. Contact the Business Services Coordinator.

Evaluation

All expenses related to evaluation (if applicable). Includes payments to consultants performing these activities, including honorarium, travel, and general office expenses.

Operational Expenses

Directly attributable expenses for photocopies, postage, telephone charges, subscriptions, equipment, educational materials, general office supplies, and internal meetings. *Delineate any equipment purchases, if necessary, on a separate sheet.*

Other

Please list sub-categories as separate line items.

Program Resources

Expenses related to program materials such as curriculum materials, etc.

Salaries

Gross salary related to staff on the funded project. Each position funded should be listed separately. Include position and full-time equivalent (FTE) status. Please consult the Elementary or Secondary Director and Human Resources Director.

Staff Travel

Project-related travel expenses according to district *per diem* policy, including airfare, meals, hotels, mileage reimbursement, parking, taxis, registration costs, and substitute teacher costs.

Stipends

Payment for District Employees working outside of contract time.

Technical Assistance

Payments related to subcontractors and consultants who provide services to the project. Includes all expenses reimbursed, including: salaries, office expenses, travel, etc. for non-district employees.

Training/Conferences

Includes expenses related to events, workshops, conferences and seminars. Includes consultants hired specifically for event, such as speakers and panel members. Audio-visual rentals, meeting space rental, participant meals, transportation, lodging, registration, etc.

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Applicant's Signature

Date

Principal Signature (Indicates Approval)

Date

Elementary or Secondary Education

Director Signature

- Approve
 Approve with Modifications:
 Denied (Reason):

Date

Business Director Signature

- Approve
 Approve with Modifications:
 Denied (Reason):

Date

Technology Coordinator Signature

- Approve
 Approve with Modifications:
 Denied (Reason):

Date

Curriculum Director Signature

- Approve
 Approve with Modifications:
 Denied (Reason):

Date

Grant Approved

(Grants Coordinator Signature)

Date

IMPORTANT NOTICE: In order for this Grant Proposal Transmittal Form to be approved, it must be signed by all persons as listed above, and there must be no boxes marked "Denied." If all signatures appear and there are no boxes marked "Denied," the Grant Proposal Transmittal Form is considered approved.