PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

PRINT FORM

CLEAR FORM

GRANT APPLICATION APPROVAL FORM

Grant Applicant Name ***School/Department*** ***Phone Number*** ***Date***

Grant Title ***Granting Agency*** ***Amount Requesting***

Application Due Date ***Expected Award Date***

Grant Description (purpose of grant; required uses of funds; benefits to students):

Does this grant require the signature of someone other than your principal or department head (e.g. Superintendent or Board of Directors)? If yes, explain:

Does this grant require matching funds (cash or in-kind) from any source? If yes, explain:

How is the grant paid? ☐ ***Lump sum upon approval*** ☐ ***Reimbursement of actual expenditures***

☐ ***Other: Explain***

Will you be purchasing any technology or require additional support for technology in your project? If yes, explain:

Does this grant have additional reporting or evaluation requirements back to the awarding agency after the grant is complete? If yes, explain:

Is support from the General Fund required to continue the program after the grant ends? If yes, explain:

Use of Funds (Include detail of planned expenditures and amounts):

Principal or Dept Admin Approval:_____Date:_____

Business Office Use Only:

Grant Approved? Yes No Approval Date: _____

Funding Source: Federal State Foundation Corporate Other

CFDA #: _____ Account code Assigned: _____