



2023-24 TPSD GRANT SUBMISSION/ACCEPTANCE FORM

Applicant's Name: _____
Grant Source: _____
Grant Title: _____
Amount of District Match: _____

School/Department: _____
Grant Site: _____
Amount of Grant: _____
Source of District Match: _____

Grant Type: _____ Local
_____ State
_____ Federal

If Federal, please identify the following:
CFDA # _____
Pass-Through Entity # _____

Funding Process: _____ Reimbursement
_____ Advanced
_____ Direct Pay

Grant Source Contact _____
Email _____
Phone _____

Grant Purpose: _____

Submit Grant Checklist of Attachments

- _____ Timeline
- _____ Application
- _____ Budget
- _____ Supplement Documentation
- _____ Previous Grant History

Accept Grant Checklist of Attachments

- _____ Awarding Notification
- _____ Amended Documentation

Signature of Applicant

Date

_____ Submit Grant

TPSD Grant Number _____

_____ Accept Grant

Board Date _____