

**Selah School District
GRANT APPLICATION ROUTING REQUEST**

1. School/Program _____

2. Grant _____

3. Funding Source (e.g. federal/state/private) _____

4. Funding Amounts:

Grantor \$ _____

District \$ _____

Total \$ _____

District Budget # _____

In-Kind Contribution _____

Comments: _____

5. Projected Grant Period From: _____ To: _____

6. Grant Budget Worksheet (see back) YES _____ NO _____

7. Brief Description of Purpose of Grant _____

8. Signatures:

Originator _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent _____ Date _____

Director, Student Support Services _____ Date _____

Assistant Superintendent _____ Date _____

Project Name: _____
 Contact Person: _____
 Total Award Request: _____
 Beginning Date: _____
 Ending Date: _____

ESTIMATED BENEFIT CALCULATION

Certificated: _____
 Classified: _____
 Substitute, Certificated: _____
 Substitute, Classified: _____

GRANT APPLICATION BUDGET WORKSHEET

Activity	Total Requested	Debit Transfer 0xx	Certificated Salaries 2xx	Classified Salaries 3xx	Employee Benefits 4xx	Supplies & Materials 5xx	Contract Services 7xx	Travel 8xx	Capital Outlay 9xx
13 Business Office									
14 Human Resources									
21 Supervision-Instruction									
22 Learning Resources									
23 Principal's Office									
24 Guidance/Counseling									
25 Pupil Safety									
26 Health Services									
27 Teaching									
28 Extracurricular									
29 Payments to Others		xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx		xxxxxx	xxxxxx
62 Grounds Care			xxxxxx	xxxxxx	xxxxxx			xxxxxx	
63 Plant Operations			xxxxxx						
64 Maintenance			xxxxxx						
65 Utilities			xxxxxx	xxxxxx	xxxxxx	xxxxxx		xxxxxx	xxxxxx
68 Insurance			xxxxxx	xxxxxx	xxxxxx	xxxxxx		xxxxxx	xxxxxx
Budgeted Direct Expenditures									
Budgeted Indirect Expenditures									
Total Budgeted Expenditures									

		FTE	Description of Position(s)
STAFFING:	Certificated		
IMPLICATIONS:	Classified		