

FCPS Grant Information & Authorization Form

Please submit to Malysa Rhodes at malysa.rhodes@fcps1.org **PRIOR** to award and acceptance of any funds by Fauquier County Public Schools (FCPS).

Date _____ School/Department _____

Funding placed in Student Activity Fund General Fund

Point of Contact _____

Grant Amount _____

Local Match Requirement Yes Amount \$: _____ No

Grant Type Local State Federal

Grant Agency Name _____

Grant Name _____

Grant Identification Number (CFDA # for Federal grants) _____

Grant Purpose and Budget

Performance Period of Grant (include start and end dates) _____

Person Responsible for Reporting _____

Person Responsible for Reimbursement _____

Personnel Needed Yes No

If Yes: New Hire Full Time Existing Part Time

If Existing, provide name of personnel who will be paid from grant _____

Is this a Capital Project? Yes No If Yes, Name of Project _____

Once the grant is complete will this expense be on-going? Yes No

If yes, provide estimate amount and budget for the on-going costs: \$ _____

Principal or Supervisor Signature: _____ Date _____

Deputy Superintendent Signature: _____ Date _____

Business/Planning Asst Superintendent Signature: _____ Date _____

Finance Use Only-Rev Code _____

Approval/Disapproval Notes

Expenditure Code(s) _____