



Please check:

☐ Building Level Grant Application

☐ District Wide Grant Application

Grant Approval Application Request – Out of District

Please provide the following information so that your project can be considered in relation to district criteria.

Submit request to a minimum of **two (2) weeks** prior to date approval is needed.

Submit application electronically to Dr. John Nguyen, Assistant Superintendent, at john.nguyen@piperschools.us

A. GENERAL INFORMATION: provide a brief summary of requested information.

1. Applicants: Name(s), Position, School/Location
2. Project Title.
3. Location of Project.
4. Provide the following information in a separate document. Attach any pertinent information about the grant (example: website where grant information is located).
 - a. Briefly outline grant content and describe activity:
 - b. Briefly describe how this project is aligned with the Piper District Strategic Plan, supports the district curriculum, and/or individual school's improvement plan.
 - c. Describe perceived benefits of project.
 - d. Describe evaluation methods which will be employed.
 - e. Indicate how information will be networked and shared.
 - f. Please explain what district and building personnel you have included in your planning and application.
5. Date the application is due to the grantor.
6. Anticipated notification date from the grantor.

B. FUNDING INFORMATION

1. What is the funding source?
2. How much is being requested?
3. Is there a district building obligation of funds? ☐yes ☐no If yes, please explain amount and expected district budget source:
4. Are there other district obligation for support? (i.e. telephone installation, wiring, staff, etc.)
5. Who will supervise implementation of grant monies?

Please Note: All grant monies will be budgeted and expended consistent with the Piper School District financial policies and practices.

Signature of Applicant: _____

Date of Request : _____

C. RECOMMENDATION OF PRINCIPAL/SUPERVISOR

The above request is:

☐ **Not Supported:** if not supported, review with the individual submitting the request.

☐ **Supported:** If supported, please state who the grant will enhance the services provided, building school improvement goals and district goals. Please be specific.

Signature of Principal/Supervisor: _____ Date:

District Action

Date Received _____	_____ Approved for submission to funding source
Signature _____	_____ Not Approved
Date: _____	_____ Approved with Restrictions(see attached)

Follow-Up Information

Date_____	Grant Status:	Funded	Not Funded	Amount_____
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Approved Grant Financial Form

Complete this form **AFTER** the grant is awarded

Grant Name:

BUDGET BREAKDOWN- Please provide a breakdown of your Proposed Budget:

Account Description (salary, supplies, equipment, etc.)	\$Allocation	Requester*	Approver**

*Requester- The individual who will input purchase orders against these funds.

**Approver – The individual who will approve the purchase order for the expenditure of these funds.

► **Account codes will be forwarded to the grant writer when the grant funds or first installment is received.**

1. Grant Period Starts Ends

2. Carry Over Option: ☐yes ☐no If "yes," how long is extension?

Grant Writer/Contact Person signature

Building: Date:

Building Principal/Supervisor signature

Financial Department signature

Return completed form to Kim Buckner, Director of Business at
kim.buckner@piperschools.us

NOTE: Checks should be made out to USD #203 and sent to the District Office at 3130 N. 122nd Street, Kansas City, KS 66109.