

SBCISD PERMISSION TO SUBMIT A GRANT APPLICATION

Grant Manager: _____

Date: _____

Department/Campus: _____

Grant Name: _____

Purpose of Grant: _____

1. Is this a Federal Grant? ☐ Yes ☐ No
2. If a non-Federal grant, is the online submission required? ☐ Yes ☐ No
3. If yes, do you currently have access to the online submission interface? ☐ Yes ☐ No
4. Is this a campus grant or a district wide grant? ☐ Campus ☐ District
5. Is this grant a competitive grant? ☐ Yes ☐ No
6. What is the total amount of funds you are requesting? _____
7. Are matching funds required? ☐ Yes ☐ No
 - a. If yes, please indicate type: ☐ in-kind ☐ cash ☐ other
8. If awarded what is the length of the grant? Start Date: _____ End Date: _____
9. If awarded, will employees be hired with grant funds? ☐ Yes ☐ No

If possible, please attach a blank copy of the Grant application

Signature of Grant Manager _____ **Date:** _____

Signature of Supervisor _____ **Date:** _____

Signature of Purchasing Director _____ **Date:** _____

Signature of Federal Programs Director _____ **Date:** _____

Signature of Assistant Superintendent of Academics _____ **Date:** _____

Signature of Chief Financial Officer _____ **Date:** _____

Signature of Superintendent _____ **Date:** _____