



2026-27 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

Signature of Director

Date

_____ Submit Grant _____ Grant Number _____ Accept Grant _____ Board Date