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| **Please Type or Print in Ink Pendleton School District 16R**  **Grant Approval Form** | | | | | | | | | | | | | | | | | | |
| New Grant General Information  Continuation | | | | | | | | | | | | | | | | | | |
| Grant Start/End Dates: | |  | | | | | Application Deadline: | | | | |  | | Grant Amt: | | | |  |
| Grant Title: | |  | | | | | | | | | | | | | | | | |
| e.g. Wildhorse Foundation Grant, Pendleton Foundation Grant, etc. | | | | | | | | | | | | | | | | | | |
| Grant Writer: |  | | | School/Dept. | | | |  | | | | | Phone | | |  | | |
| Grant Contact Person\* | |  | | | | School/Dept | | | |  | | | Phone | | | |  | |
| **\*This is the school/district-based person who is in charge of the grant.** | | | | | | | | | | | | | | | | | | |
| Schools/Programs to be served by this grant | | | | | **# of staff impacted** | | | | | | **# of students impacted** | | | | **# of parents impacted** | | | |
|  | | | | |  | | | | | |  | | | |  | | | |
| Does this grant require matching funds?  Yes  No If yes, what amount?       How will these funds be raised? | | | | | | | | | | | | | | | | | | |
| Grant Description **Please fill in all blanks.** | | | | | | | | | | | | | | | | | | |
| **Briefly** summarize the overall **purpose/objective** of the grant. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Please provide a **brief** explanation of **budget items** that will be funded through this grant. *(Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| How will grant activities be continued after the end of grant period? | | | | | | | | | | | | | | | | | | |
| Print Name (Applicant) | | | Signature (Applicant) Date | | | | | | | | | | | | | | | |
| **For Administrative Use Only:** | | | | | | | | | | | | | | | | | | |
| **Building Administrator** | | | | | | | | | **District Administrator** | | | | | | | | | |