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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.)* |
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| 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** |