

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