



## Pre-Authorization to Apply For Competitive Grants Form

Please complete this form and submit for approval **PRIOR TO** completing the grant application.  
**Attach an abstract of your proposal to this form.**

1. Name:	Date:	School/Dept:
2. Title of Grant:		Grant Due Date:
3. Please give a brief description of the grant project:		
4. How does this relate to district outcomes and district/building/department goals?		
5. Funding Source: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private Name of Funding Agency:		
6. Funding amount that you are applying for (a range, such as \$5,000 - \$10,000 is acceptable):		
7. Timeline for spending the funds:		
8. Is carryover allowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Is a match required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
10. Source and amount of matching funds:		
11. Are other District resources required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
12. Will this project require any construction/remodeling? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
13. Will this grant require additional personnel? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
14. Will this grant require additional technology? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		

**If you answered NO to questions 8 through 14 and your grant is for \$1 - \$5,000, use the Quick Strike Form.**

If time is of the essence, feel free to make multiple copies to expedite the process. **If making multiple copies, cross out the names of the individuals who are receiving the copies to eliminate duplicate signatures.**

<b>Originator</b>	
Signature/Name:	Date
Comments:	
<b>Principal/Director</b>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature/Name:	Date
Comments:	
<b>Maintenance and Operations</b>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature/Name:	Date
Comments:	
<b>Technology</b>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature/Name:	Date
Comments:	
<b>Teaching and Learning</b>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature/Name:	Date
Comments:	
<b>Human Resources</b>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature/Name:	Date
Comments:	

**TO BE COMPLETED BY BUSINESS OFFICE**

<b>Business Office</b>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature/Name:	Date
Comments:	