



## Intent to Apply for Grant Funding

Please complete and return this form with approval signatures to the Grants Team at [Grants@d49.org](mailto:Grants@d49.org) at least 30 work days prior to the grant submission deadline. In the email, include a copy of the Notice of Funding Opportunity that includes the grant information and requirements (i.e. the packet of information about the grant, etc.).

**Today's Date:** \_\_\_\_\_ **Grant Submission Deadline:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **School/Department:** \_\_\_\_\_

**Applicant Phone:** \_\_\_\_\_ **Applicant Email:** \_\_\_\_\_

**Grant Title:** \_\_\_\_\_

**Grant Type:** ☐ Competitive ☐ Non-Competitive

**Name of Funder:** \_\_\_\_\_ **Grant Website:** \_\_\_\_\_

**Type of Funder:** ☐ State ☐ Private Foundation Grant  
☐ Federal ☐ Corporate Foundation Grant  
☐ Individual Donor ☐ Other: \_\_\_\_\_

**Life of Grant:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**\$ Amount to be Requested:** \_\_\_\_\_ **Funder Intent to Apply Deadline:** \_\_\_\_\_

**Program Contact Name:** (staff member responsible for implementing & monitoring the grant funded program) \_\_\_\_\_

**Is any district funding, resource, or in-kind commitment or "match" required now or in the future?** ☐ Yes ☐ No

If yes, please provide the dollar amount, resource, and/or in-kind specifics:

**Briefly describe the need this grant will help address AND the data that demonstrates the need:**

**Describe how this grant is responsive to district, zone, department and/or school strategic goals:**

**Provide a brief one paragraph summary of the proposed project and who benefits** (students, staff, department, school(s), parents, etc.):

Will this proposal include any of the following:

- ☐ Salaries, Benefits, FTE
- ☐ Technology Purchases (software or hardware)
- ☐ Curriculum Purchases/ Instruction
- ☐ Construction, Renovation, or Changes to a Facility
- ☐ Contracted Services (consulting)
- ☐ External Partnerships
- ☐ Program Evaluation and/or Report on the Use of Funds

Is there a plan to sustain the program after the grant ends? ☐ Yes ☐ No

If yes, briefly  
describe that plan:

How will the success of this project be evaluated and measured?:

Approvals must be obtained from the relevant chain of command for grants of any amount

Principal or Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Supervisor Signature: \_\_\_\_\_

Zone Leader or Director Name: \_\_\_\_\_ Date: \_\_\_\_\_

Zone Leader or Director Signature: \_\_\_\_\_

**Completion of this form initiates the grants process, but it does not ensure automatic approval to pursue this grant opportunity.**

**For Grants Team Use Only**

*Approvals in this section will be obtained by the Grants Team*

The Intent to Apply for this grant is: ☐ Approved ☐ Denied

Grant Fiscal Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For grants greater than \$10,000, superintendent approval is required*

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

Applicants will be notified of approval status and next steps. If approved, the following must be received by the Grants Team ten (10) work days prior to the grant proposal's submission deadline date:

- A final draft of the complete grant proposal
- A detailed grant budget
- Signature page (if applicable)