COLCORD BOARD OF EDUCATION

CBBA-E1

GRANT APPLICATION APPROVAL FORM

Prior to the submission of every grant application to a funding agency, return a completed Grant Application Approval Form and a completed Notification of Responsibility Form to a District Administrator, along with a copy of your completed grant application.

Superintendent's Signature Required: The Grant Application Approval Form along with one original and one copy of the completed application must be submitted to the Administration Office **no less than 5 business days prior** to the application deadline. The Superintendent will contact you within 3 business days with notification as to whether you are approved for submission or not. (Be sure to plan ahead if your application requires the Superintendent's signature, as he may not be available to sign your application at the last minute. Consider checking with his office to make sure he will be available the week your application is due.) The Administration Office will contact you to let you know when the signed application is ready for pick up.

No Signature or Applicant/Principal's Signature Required (Grants over \$2,500): *The Grant Application Approval Form* along with a copy of the completed application must be submitted to the Administration Office **no less than 5 business days prior** to the application deadline. The Administration Office will contact you within 3 business days with notification as to whether you are approved for submission or not.

No Signature or Applicant/principal's Signature Required (Grants \$2,500 or less): *The Grant Application Approval* Form along with a copy of the completed application must be submitted to the Administration Office on the same day the application is submitted the funding agency.

Application Deadline		Proposal		New grant:	Continues existing grant:	
		Status				
Funding Agency Name						
Type of Agency	State:	Federal:	Fou	ındation:	Private:	Other:
Title of Grant						
Opportunity/Program						
Superintendent's		Grant request			Internal Office use	
Signature Required		above \$2	2,500		ONLY	:
(select one). Be sure to	Yes or	(select o	ne)	Yes or	Admini	istration Office
tab the application pages	No			No	Approv	val
requiring signatures.						
Application Drafter	Name:	Name:		Phone Number:		
Building Assignment:	Email:					
Project Title and Brief						
Description						
Total Budget:		In-		Yes or	If yes, list matching source	
		kind/Matching		No	and amount.	
		Require	d Select			
		one				
Schools/Classrooms/						
Programs Benefited						
Beginning Date of		Ending Date of Grant				
Grant						

Submit the completed Grant Application Approval Form and appropriate copies of your completed application to the Administration Office.

Adoption Date: January 21, 2016	Revision Date(s):	Page 1 of 1
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