

|  |  |
| --- | --- |
| **PURPOSE: Obtain approval for a proposed grant project prior to applying** | The grant amount is less than $250,000  **FOR DEPARTMENTS**  YES NO |
|  |
| **DIRECTIONS: Complete form, obtain supervisor signature and then submit to Special Projects Department by submitting via this link:** [**https://tinyurl.com/PCSDeptGrantSubmit**](https://tinyurl.com/PCSDeptGrantSubmit) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 1: Grant Project Department Information** | | | | |
| Department Name |  | Division |  | Supervisor Name |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 2: Grant Project Information** | | | | |
| Application Type |  | Project Title |  | Project Amount |
| New  Continuation  Amendment #\_\_ |  |  |  |  |
| Project Timeframe (Start Date - End Date) |  | Target Audience & Number Impacted |  | Name & Title of Applicant |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Part 3: Grant Project Funding** | |
| Funding Source | Funding Type |
|  | Federal State Local Other |

|  |
| --- |
| **Part 4: Staff** |
| Funding for Staff Included |
| Yes No |

|  |  |  |
| --- | --- | --- |
| **Part 4: Grant Project Support** | | |
| DSP Impact |  | How does this project align to the District Strategic Plan (DSP)? |
| Priority 1  Priority 2  Priority 3  Priority 4  Priority 5  Priority 6  [Click here to access PCS DSP Details](https://www.pcsb.org/strategicplan) |  |  |
|  |
|  |
| **Part 5: Grant Project Narrative** | | |
| 1. Why is this project important? | | |
|  | | |
| 1. Who directly benefits from this project? | | |
|  | | |
| 1. What staff (estimated hours) and resources are needed to execute this project? | | |
|  | | |
| 1. What is the expected outcome or change that will occur because of this project? | | |
|  | | |
| 1. How will the outcome be measured? | | |
|  | | |
| 1. What are the consequences if the project is not approved/funded? | | |
|  | | |

|  |  |
| --- | --- |
| **Part 6: Grant Project Budget Overview** | |
| Please use the below table to provide subtotals and then attach details of budget in additional worksheet. | |
| Personnel (Salaries & Fringe) | $ |
| Materials & Supplies | $ |
| Travel & Registrations | $ |
| Other Purchased Services | $ |
| **Total** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 7: Grant Project Approval** | | | |
| Position | Printed/Typed Name | Signature (digital allowed) | Date |
| Direct Supervisor: |  |  |  |
| Division Chief: |  |  |  |
| Special Projects: |  |  |  |
| Budget: |  |  |  |
| Superintendent or Designee: |  |  |  |

Please submit this form, along with a copy of the completed application and any detailed material lists [via this link](https://tinyurl.com/PCSDeptGrantSubmit). Upon final signature, this approval will be emailed back to applicant.   
Any questions, reach out to Special Projects at 588-6299