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| **PURPOSE: Obtain approval for a proposed grant project prior to applying** | The grant amount is less than $250,000**FOR DEPARTMENTS**[ ] YES [ ] NO |
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| **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) |

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

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| **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 |
|       |  |       |  |       |

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

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| **Part 4: Staff** |
| Funding for Staff Included |
| [ ] Yes [ ] No  |

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| **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) |  |       |
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| **Part 5: Grant Project Narrative** |
| 1. Why is this project important?
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| 1. Who directly benefits from this project?
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| 1. What staff (estimated hours) and resources are needed to execute this project?
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|       |
| 1. What is the expected outcome or change that will occur because of this project?
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| 1. How will the outcome be measured?
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|       |
| 1. What are the consequences if the project is not approved/funded?
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| **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** | **$** |

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| **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