

Cedar Ridge School District
Grant Proposal Pre-Authorization Form

Part 1: Pre-Authorization (REQUIRED)

This portion of the form is used to inform staff and administration about the grant prior to beginning the process of writing the grant proposal. **Please attach a blank copy of the proposed grant application to this form.**

Grant Writer(s) Name: _____ Date Received: _____

Grant Administrator (who will oversee budget & administration if funded?): _____

Site(s) involved: _____ Grant Submission Deadline Date: _____

Name of Grant being applied for: _____

The grant is ___ new or ___ continuing existing grant. (check one)

The grant is ___ competitive or ___ non-competitive. (check one)

The grant is ___ cash award, ___ donation of equipment or supplies, ___ other (explain) _____

Proposed amount of grant award: _____ Fiscal Year(s): _____

The purpose of the grant: _____

Explain how it is consistent with District Core Beliefs, Vision, and Mission: _____

For what may the grant funds be spent: _____

Anticipated Financial Impact: (check as many as apply)

___ District funds will not be committed.

___ Matching funds will be required. Proposed source of matching funds and amount: _____

___ Funding in addition to matching funds will be requested in the amount of \$_____ to be used for _____
_____(proposed use) from _____ (source of additional funding).

Anticipated Staffing Requirements:

___ Funded through the grant

Number of positions: _____

Types of positions: _____

Cost of position (salary, benefits, etc.): _____

___ Not funded through the grant

Number of positions: _____

Types of positions: _____

Cost of position (salary, benefits, etc.): _____

Anticipated Facility Requirements: _____

Anticipated Impact on Current Staff (check as many as apply & specify, i.e., meetings, monitoring, reports, etc):

- ____ Certified Staff (teachers): _____
- ____ Classified Staff (support staff): _____
- ____ Central Office Staff: _____
- ____ Administrators: _____
- ____ Others (maintenance department, technology department, transportation department, federal programs, nurse, SRO, etc.): _____

This Portion Filled Out by Site Administrator

Staff should ____ continue / ____ not continue to pursue this grant

Comments: _____

Site Administrator Signature: _____ Date: _____

This Portion Filled Out by Superintendent

Staff should ____ continue / ____ not continue to pursue this grant

Comments: _____

Site Administrator Signature: _____ Date: _____