

NORTH KANSAS CITY SCHOOLS
Application for Permission to Apply for External Grant

Team Leader for Grant Development: _____

Team Members: _____

Name of Grant Opportunity: _____

Grantor: _____

Grant Funding Source (Local, State, Federal): _____

Deadline Date for Grant submission to Grantor: _____

Impact Group(s) for Grant (include all schools and groups): _____

Brief Description of Purpose(s) of Grant

(Please describe how purpose(s) align with district initiatives from your School Improvement Plan):

How Will the Grant Be Implemented? (Add more lines if necessary, or attach a separate page)	Timeline (School Year)

Who is the fiscal agent of this grant? _____ **Is this a partnership?** _____

If this is a partnership? If so, with whom? _____

Does this grant require sustainability after the funding period? _____

Is District Match Required? _____ **Total Amount of "District Match" requesting:** _____

Budget Allocation Proposal	
Category	Financial Allocation
Salary* (see below)	
Benefits	
Materials and Supplies	
Purchased Services	
Capital Outlay (any equipment over \$1,000)	
Indirect Cost	
Total Grant Proposal	

- * Salaries includes: Teacher Associate stipends (substitute rate = \$100 per day) and personnel benefits (FICA, Medicare, Retirement, Medical, Life)
- * **Human Resources must approve any additional personnel or stipend amounts, especially for certified classroom teachers, before applying for any grant.**

Human Resources Dept. Signature: _____ Date: _____
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- * **If grant activities utilize technology materials, approval of such materials/equipment must also be approved by the Instructional Technology department.**

Technology Dept. Signature: _____ Date: _____

- **If available, please attach a copy of the evaluation criteria outlined in the grant application information.**

Signature of Team Leader: _____ Date: _____
Principal/Supervisor Signature: _____ Date: _____

<i>For Central Office Use Only</i>	
Date received in office: _____	Date submitted for District Cabinet review: _____
Signature, Director of Data & Accountability: _____	

_____ Yes, this grant has been approved for development.	
_____ No, this grant has NOT been approved for development.	
Rationale for negative decision: _____	
Signature of NKCS Cabinet Member: _____	Date: _____

**** Team Leader now submits application to Director of Data and Accountability***