

Intent to Apply for Grant Funding (for all KISD employees)

(Use this form if you are completing the grant application yourself and do not require assistance from the Department of Grants.
You must have your immediate supervisor's signature before submitting the Intent to Apply.)

What is the grant name/funder? _____

What is the amount being requested? _____ Are there matching funds required? No Yes

If matching funds are required, from what source are they coming? _____

If awarded, how will funds be channeled? KISD budget Campus Activity Funds Other _____

When is the grant due? _____ When will the grant be awarded? _____

What are the start and end dates of the grant, if awarded? _____

Start End

Which campus(es) will be impacted by this grant? _____

Who is the grant contact person? _____

Name Phone Fax

Is there a website for this grant opportunity? No Yes _____

Identify the website

Which department(s) could possibly be involved in the implementation of your grant proposal? Check all that apply.

- | | | | | |
|---|------------------------------------|---|---|--|
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Prof Dev | <input type="checkbox"/> Spec Education | <input type="checkbox"/> Technology | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Facilities/Maint | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Comm Rel | <input type="checkbox"/> Assessment | <input type="checkbox"/> Guidance | <input type="checkbox"/> Health/Nursing |
| <input type="checkbox"/> Safety | <input type="checkbox"/> CATE | <input type="checkbox"/> Library | <input type="checkbox"/> Other _____ | |

Summary of the Project

Objectives of the Project/What documentation supports the need for this?

Reporting requirements (include progress and budget)

Immediate Supervisor Signature _____ Date _____

Date received in Grants Office _____ Date returned to Applicant _____

Approved Denied Reason for denial

Signature/Director of Grants

Copies to:
