

# INTENT TO APPLY/GRANT REVIEW COVERSHEET

The purpose of the Intent to Apply form is to request authorization to apply for any grant. Completion of this form is required for all grants in Stockton Unified School District.

SECTION 1: Project/Grant Opportunity Details			
Your Department/School:		Date:	
Project Leader Name/Signature:		Phone:	
Name of Grant:		Due Date/Time:	
Funding Agency Type: (check one)	<input type="checkbox"/> Federal	<input type="checkbox"/> State government	<input type="checkbox"/> Local government
	<input type="checkbox"/> Corporate	<input type="checkbox"/> Private Foundation	<input type="checkbox"/> Other:
Name of Funding Agency:			
School sites/or District-wide Served:			
Maximum amount of grant:	\$ _____	Amount Requested:	\$ _____
Indirect costs Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant/Project Period:	_____ years or _____ months
Match Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the sources for match funds?		
What is the project Sustainability Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the plan to ensure sustainable funding?		
What is the purpose for pursuing this funding?	Student Achievement Alignment:		
	LCAP Alignment:		
	LEA/School Plan Alignment:		
SECTION 2: Authorization to Proceed			
Director's Signature:	Cabinet/Assistant Superintendent's Signature:		
SECTION 3: Grant Review Sign Off			
Budget/Finance:	Educational Services:	Facilities/Planning/Transportation:	
Human Resources:	Special Education:	Research and Accountability:	
Student Support Services:	Information Technology:	Curriculum/Professional Development:	
SECTION 4: Authorization to Apply			
You <u>are</u> authorized to apply for this grant.			
Superintendent's Signature: _____		Date: _____	