MURFREESBORO CITY SCHOOLS ADMINISTRATIVE DIRECTIVES

Descriptor

No:

Effective Date:

Grant Application Approval

Descriptor Term:

AD FM5

5/01

Revised:

4/12; 2/14; 9/18; 7/19; 7/21

Murfreesboro City Schools encourages its employees to seek sources of grant funding for enhancement of services to the children and citizens of Murfreesboro. However, because such funding generally comes with certain requirements, (i.e. matching funds, accounting and reporting, continuation of services, etc.) it is important that each new funding source receive administrative review and concurrence prior to application for such funds.

Accordingly, the attached form must be completed by all employees in all departments before an application for grant funds is made regardless of the source of funds. Once the grant application is

completed, copies should be forwarded to the Communications Director and the Director of Finance.

9 10

11 12 13

1

2

3

4

5 6 7

8

Board Policy 2.100

15 16

14

Attachment A—Pre-Application Information/Approval for New Grants

MURFREESBORO CITY SCHOOLS

PRE-APPLICATION INFORMATION/APPROVAL FOR NEW GRANTS

Person(s) Submitting This Request:		_Email/phone:	
Grant Name:			
Funding Agency:			
Project Period:	How Many Students Will This Impact?		
Amount of Grant:	School(s)/Grades(s) Served		
Match Required: YES / NO (Cash) Amoun	ıt:(In-Kin	d) Amount:	
Is Continuation of Project Required after Funding Expires: Yes / No If Yes, for How Long:			
Brief Description of Activities Funded by the Grant:			
What New/Additional Positions are Require	d By the Grant? Explain Type an	d Assignment if Any:	
Any Transportation Requirements? Explain When, Where, How Many Students, etc.:			
Any Equipment/Facility Requirements? Explain What is Needed:			
Person(s) Responsible For the Program:			
Grant Application with hudget	page and assurances must be a	ttached to this document	
Grant Application with budget	page and assurances must be a	ttached to this document.	
Pre-Application Approval:			
Grant Coordinator	inance Director	Director of Schools	

Date Submitted _____