

MURFREESBORO CITY SCHOOLS

PRE-APPLICATION INFORMATION/APPROVAL FOR NEW GRANTS

Date Submitted

Person(s) Submitting This Request: _____ email/phone: _____

Grant Name: _____

Funding Agency: _____

Project Period: _____ How Many Students Will This Impact? _____

Amount of Grant: _____ School(s) Served _____

Match Required: YES / NO (Cash) Amount: _____ (In-Kind) 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 Required By the Grant? Explain Type and 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:

Pre-Application Approval:

Grant Coordinator

Finance Director

Director of Schools