Approval to Apply for Grant

1. **Please fill out the information below. Then please submit the grant application and this form for your principal's review and signature.**

Project Title: _____

Funding Source: _____

Name of Grant Writer: Date of Request: _____

Name _____ Signature_____ Email_____

Amount Requested: $_____ Total Project Cost: $_____

Targeted age group/grade: _____ School: _____

Principal Approval Signature:

Principal: _____ Date: _____

2. Submit this form and the grant application to the Assistant Superintendent of Operations. (This will eventually allow the funds to be deposited into the correct account so you can access them when needed.)

Assistant Superintendent of Operations Approval:

Signature:_____ Date:_____

Assistant Superintendent of Learning Approval:

Signature:_____ Date: _____

GRANT ACCEPTANCE AFTER RECEIPT OF GRANT

In order to accept a grant greater than $7,500, School Board approval is required.

Superintendent Signature of Approval _____ Date:_____

School Board Clerk Signature of Approval _____ Date:_____

If the grant is from the D.C. Everest Foundation, the Superintendent must approve.

Superintendent Signature of Approval_____ Date:_____

The D.C. Everest Area School District Federal Tax Number is 39-6007952.

Approved 4/21/2025