

STAUNTON CITY SCHOOLS
GRANT APPLICATION COVER SHEET

Applicant Name: _____ Date: _____

School or Department: _____ Position: _____

Grant Funding Source: _____

Name of Your Program (if any): _____

What is the Identified Need?

How will this program address the identified need? (Please complete the attached Grant Synopsis Form.)

What will the Program cost in total, and what are all the required sources of funding? (Please complete the attached Detailed Grant Budget Form.)

Does the Grantor Agency have any expectations of program continuation into the future after this grant is concluded? ___ NO ___ YES - What are those expectations, and how will they be funded?

Supervisor Approval: I have reviewed this summary proposal with the applicant and give my approval to proceed with the application process. Suggestions or recommendations (if any) are written on the back of this page.

Signature

Date

