Grant Review Process

Funding opportunities arise as a result of our district serving children and families in our communities. As funding opportunities are considered, communications with the Board and Superintendent are critical elements of the application process. The purpose of this procedure is to assure coordination and communication is complete as Superintendent approval is obtained, applications are submitted, awards received, programs implemented, objectives accomplished, claims are made and final reports are filed.

(1) Consideration to pursue a grant or funding opportunity should include the following:
   (a) Do grant objectives fit the school district and/or school mission, goals and strategy?
   (b) Are the objectives of the grant realistic?
   (c) Are the necessary resources available?
      i) Fiscal resources
      ii) Staff support
      iii) Community support
      iv) Board support

(2) If the Principal is satisfied the above-stated conditions can be met, a Communication and Planning (CAP) Form is completed and e-mailed immediately to the Superintendent for consideration at the next administrative team meeting. A copy of the CAP is also e-mailed to the designated grant analyst in the business office to alert staff of a pending grant. If the grant represents a new source of funding, the CAP is forwarded to the Board Secretary to be presented to the Board for consideration.

(3) The grant opportunity is presented to the Board to consider acceptance based on the nature and ability to provide the service. The Board may appropriate additional funds by resolution if the grant was not included in the original budget appropriations.

(4) As Board/Superintendent approval is obtained, an application is prepared subject to review by:
   (a) Department Director
   (b) Human Resource Office Director
   (c) Business Manager
   A checklist of application items to be considered is available at the end of this procedure for your reference.

(5) Following satisfactory reviews, the completed application is presented to the Superintendent for final review and signature.

(6) Original documents are delivered to the granting agency. A signed copy of the application is sent to the department and business office.

(7) As the Grant Award is received, a copy is shared with the department and business office to assign budget account numbers and schedule reporting and claim requirements.
CAP form
Review Checklist for Grants or Other Funding Opportunities

A review of the application for funding will generally include the following items:

- Amount of the grant is clearly stated.
- Beginning and ending grant dates are declared including carryover provisions.
- Additional FTE and salary requirements are reflected in the grant budget.
- Accompanying benefit costs are included in the grant budget.
- Existing staff to be potentially assigned to grant activities may be noted.
- A contact person is assigned for grant management.
- Grant assurances and objectives are communicated in writing to the designated contact person.
- Any matching requirement is identified by funding source and program expenditure account numbers.
- The appropriate Indirect Cost is included in the grant application.
Communication and Planning Form
Grants and Other Funding Opportunities

Program Director/Manager ______________________________________________________________

Person responsible for project __________________________________________________________

Name of grant/project __________________________________________________________________

Due date for submitting application ____________________________________________________

Beginning date, if any _______________________ Ending date, if any _________________________

Name of grantor, donor, and etc. __________________________________________________________

Schools, districts and/or agencies involved _______________________________________________

Amount of grant ________________________________________________________________________

Description of grant ____________________________________________________________________

_______________________________________________________________________________________

How does the grant fit into the SSD mission? _________________________________________________

_______________________________________________________________________________________

Are there restrictions on the use of the funds provided through this grant? ____ Yes ____ No

If yes, what are the restrictions? _________________________________________________________

Are matching funds required? ____ Yes ____ No If yes, what is the percentage? _________________

Is indirect cost allowable? ____ Yes ____ No If yes, what is the percentage? ____________________

Describe proposed budget expenditures or attach/email a copy of the proposed budget ______________

_______________________________________________________________________________________

_______________________________________________________________________________________

Other notes _____________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________