

## Colcord Public Schools

### GRANT APPLICATION APPROVAL FORM

Prior to the submission of every grant application to a funding agency, return a completed Grant Application Approval Form and a completed Notification of Responsibility Form to a District Administrator, along with a copy of your completed grant application.

**Superintendent's Signature Required:** The *Grant Application Approval Form* along with one original and one copy of the completed application must be submitted to the Administration Office **no less than 5 business days prior** to the application deadline. The Superintendent will contact you within 3 business days with notification as to whether you are approved for submission or not. (Be sure to plan ahead if your application requires the Superintendent's signature, as he may not be available to sign your application at the last minute. Consider checking with his office to make sure he will be available the week your application is due.) The Admin Office will contact you to let you know when the signed application is ready for pick up.

**No Signature or Applicant/Principal's Signature Required (Grants over \$2,500):** The *Grant Application Approval Form* along with a copy of the completed application must be submitted to the Administration Office **no less than 5 business days prior** to the application deadline. The Admin Office will contact you within 3 business days with notification as to whether you are approved for submission or not.

**No Signature or Applicant/Principal's Signature Required (Grants \$2,500 or less):** The *Grant Application Approval Form* along with a copy of the completed application must be submitted to the Administration Office on the same day the application is submitted the funding agency.

<b>Application Deadline</b>		<b>Proposal Status</b>	New grant:	Continues existing grant:
<b>Funding Agency Name</b>				
<b>Type of Agency</b>	State:	Federal:	Foundation:	Private: Other:
<b>Title of Grant Opportunity/Program</b>				
<b>Superintendent's Signature Required (select one). Be sure to tab the application pages requiring signatures.</b>	Yes or No	<b>Grant request above \$2,500 (select one).</b>	Yes or No	<b>Internal Office Use ONLY:</b> Administration Office Approval
<b>Application Drafter</b>	Name:		Phone Number:	
Building Assignment:			Email:	
<b>Project Title and Brief Description</b>				
<b>Total Budget:</b>		<b>In-kind/Matching Req'd Select one</b>	Yes or No	<i>If yes, list matching source and amount.</i>
<b>Schools/Classrooms/ Programs Benefited</b>				
<b>Beginning Date of Grant</b>			<b>Ending Date of Grant</b>	

Submit the completed Grant Application Approval Form and appropriate copies of your completed application to the Administration Office.

**Colcord Public Schools**

**NOTIFICATION OF RESPONSIBILITY FORM**

Please Read Carefully Before Signing

<b>Funding Agency Name</b>					
<b>Type of Agency</b>	State:	Federal:	Foundation:	Private:	Other:
<b>Title of Grant Opportunity/Program</b>					
<b>Project Manager</b>	Name:		Phone Number:		
Building Assignment:			Email:		
<b>Principal/Supervisor</b>	Name:		Phone Number:		
Building Assignment:			Email:		
<b>Project Title and Brief Description</b>					
<b>Total Budget:</b>		<b>In-kind/Matching Req'd (select one)</b>	Yes or No	<i>If yes, list matching source and amount.</i>	
<b>Schools/Classrooms/ Programs Benefited</b>					
<b>Beginning Date of Grant</b>			<b>Ending Date of Grant</b>		

**NOTIFICATION OF RESPONSIBILITY:**

I voluntarily agree to accept responsibility for all fiscal and reporting activities involved in managing the project(s) that I have indicated above (the "Project") at Colcord Public Schools, including reimbursements denied due to improper procedure and/or documentation and travel requests/expenses not timely cancelled. I recognize that this acceptance may result in my school and/or department being assessed the cost of such denied expense/reimbursement requests. I further recognize that this acceptance may result in my being personally assessed the cost of travel reimbursements/expenses should I fail to timely cancel or abide by Colcord Public Schools travel regulations. I also recognize that there are both foreseeable and unforeseeable risks of expense/reimbursement request denial depending upon the federal and state regulations as well as regulations of the funding agency and/or Colcord Public Schools that cannot be specifically listed. I acknowledge that I am responsible for ensuring that fulfillment of my fiscal and reporting responsibilities is adequately documented and in compliance with the federal, state, funding agency, and Colcord Public Schools regulations. I also acknowledge that it is my responsibility to check with the proper personnel if I have any questions regarding my compliance with all regulations and requirements. I further acknowledge that it is my responsibility to send a note of thanks (or equivalent) to all private or foundational funding agencies from whom I am awarded a grant.

By signing this release, I hereby certify that I have read and fully understand the conditions herein provided.

\_\_\_\_\_   
 Project Manager Signature

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Principal/Superintendent Signature

\_\_\_\_\_   
 Date

Any questions related to this form, please contact: Mr. Bud Simmons, Superintendent – bsimmons@colcordschools.com 918-326-4116. Submit the completed Notification of Responsibility Form to the Administration Office.