



Submission Deadline: ___/___/___
Expected Award Date: ___/___/___

## GRANT AND GIFT APPLICATION CHECKLIST

*When a grant or gift is solicited by a 9-R employee, it is required that the requestor complete this form in its entirety.*

**GRANT REQUESTOR:** Grant applications are only processed through an online system. Submit your application and upload a pdf of the grant narrative, budget, and budget narrative (in one document) two weeks prior to the grant deadline. Once final district approval has been obtained, you will be notified via email and may then submit the grant application to the Grantor.

**NOTE:** All grant checks must be payable and sent to: Durango School District 9-R, 201 E. 12<sup>th</sup> Street, Durango, CO 81301, Attn: Supervisor of Finance.

Requestor: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

Requestor's School/Dept.: \_\_\_\_\_ Requestor's Supervisor \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Grantor: \_\_\_\_\_ Grant Name: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

Will there be any district funding or hiring of additional staff? yes no Purpose of Grant: \_\_\_\_\_

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**Departmental/School Approvals:**

Does the grant require <b>compensation</b> to anyone? <input type="checkbox"/> yes <input type="checkbox"/> no Describe: _____ _____ _____	_____ Supervisor of Finance      Date
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If any **school/dept. funds** will be used to support the grant, explain the commitment and the amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

Does the grant require **technology** equipment, software, or support? Annual: yes no

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director of Technology

\_\_\_\_\_  
Date

Does the grant require **facility** services (i.e. electrical, plumbing, carpentry, etc.)? yes no

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor of Facilities

\_\_\_\_\_  
Date

Does the grant require **curriculum** support (i.e. books, workbooks, etc.)? yes no

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chief Academic Officer

\_\_\_\_\_  
Date

Does the grant require **student services** support? yes no

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chief Student Advocacy Officer

\_\_\_\_\_  
Date

Does the grant require the **hiring of additional staff**? yes no Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chief of Human Resources

\_\_\_\_\_  
Date

Does the grant require **student nutrition** support? yes no Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor of Student Nutrition** **Date**

Does the grant require any **student data or special reporting from SIS**? yes no Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Coordinator of SIS** **Date**

Does the grant require **transportation** support? yes no Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Transportation Coordinator** **Date**

**APPROVER(S) NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal/Administrator: \_\_\_\_\_

(Required Signature)

\_\_\_\_\_

(Date)

Chief Financial Officer: \_\_\_\_\_

(Final Approval for Grant Submission)

\_\_\_\_\_

(Date)

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