Metropolitan School District of
Washington Township
*"Superior Schools in a Supportive Community"*

THIS FORM IS REQUIRED WHEN
SEEKING EXTERNAL FUNDING
FOR ANY PURPOSE

Date _____          (CEC Staff Only) Date Received _____

**NOTE:  Washington Township Foundation grants are not considered external funding sources.  Please refer to the Washington Township Foundation grant proposal process.**

**NOTE: Donors Choose Grants Refer to Donors Choose Grant Form**

**For all other grants:**
Please complete the form, print it, and forward to Mr. Chad Michalek – CEC.
For questions, contact Mr. Michalek at the CEC

Role of Applicant in MSDWT:

☐ Teacher    ☐ Administrator (Building)    ☐ Administrator (CEC)    ☐ Other Staff    ☐ Stakeholder

Grant Writer Name _____     Proposal Submission due Date: _____

Life cycle of funding: Start Date: _____     End Date: _____

Building Assignment _____     Department _____

Name of Proposal _____

Source of Funding _____

Competitive Grant ☐  or Non-Competitive Grant ☐

Will this grant involve research of human subjects (opinion surveys, achievement data)?

☐ Yes    ☐ No

Amount of funding requested _____

Brief description of the proposal:




Application is ☐ New    ☐ Renewal    ☐ Continuation    ☐ Supplemental    ☐ Revision

If renewal, continuation, or supplemental, please provide current budget number _____

Does this grant require matching funds from another source or MSDWT? ☐ Yes    ☐ No

If yes, what is the required matching amount? _____

Will this grant be used to purchase technology hardware? ☐ Yes    ☐ No

If yes, what device(s) will be purchased? _____

Revised 8/27/2013

Will this grant be used to purchase technology software? ☐ Yes ☐ No

If yes, what software and platform (Mac or PC)? _____

Will this grant be used to purchase equipment or facility upgrades? ☐ Yes ☐ No

If yes, please provide a brief description of the purchase:

## SECTION A

**Approval to proceed with proposal – Building Level:**

Building Principal _____ Date: _____

☐ Approved ☐ Denied

Elementary or
Secondary Director _____ Date: _____

☐ Approved ☐ Denied

If used for purchase of technology:

Director of Technology _____ Date: _____

☐ Approved ☐ Denied

If used for purchase of equipment or facility upgrade:

Director of Operations _____ Date: _____

☐ Approved ☐ Denied

If approved at Building Level, proceed to Section B

## SECTION B

**Budget Submission**
Attach budget to this request form including:

1. Requested amount of grant
2. Required matching funds (if any) and proposed source of matching funds
3. Documentation verifying commitment of matching funds from funding source (including MSDWT as a matching source)
4. Proposed end date of grant and anticipated timeline of expenditures

## SECTION C

**Approval to proceed with proposal – CEC Budget Review**

Will this grant require employment, either full or part time, any person not currently employed by the MSD of Washington Township?

☐ Yes ☐ No

***Before processing, the budget must be approved by the MSDWT Chief Financial Officer or designee.***

***If awarded external funding, provide documentation of the award. At that time, a MSDWT Budget Number will be assigned. All grants funding must be maintained through the MSDWT Business Services Office. All expenditures from the grant will be processed through the MSDWT Business Services Office.***

I have reviewed and approve the budget for this proposal.

Signature _____ Date: _____
                    MSDWT CFO or Designee

## SECTION D

**Approval to proceed with proposal – CEC Director of Grants and Assessment**

Director of Grants and Assessment _____

Date: _____

☐ Approved   ☐ Denied

## SECTION E

**Grant Submission – Through CEC Office**

If approved above please submit a final copy of the approved grant proposal to the CEC Grants and Assessment Office. The grant will be reviewed for final approval and submitted on behalf of the grantee. The Grants and Assessment Office will notify the grantee when the grant has been submitted.

The Grants and Assessment Office will notify grantee of the grant status when notified by the grantor.

**NOTE: Direct questions to Mr. Chad Michalek, Grants and Assessment Coordinator, Washington Township Schools – 317-205-3332 x77214, cmichalek@msdwt.k12.in.us .**

**Grant Proposal Checklist**
(CEC Office Use Only)

Section A Complete _____

Section B Complete _____

Section C Complete _____

Section D Complete _____

Section E:

Grant Submitted _____
              Date

Grant Status: ☐ Awarded  ☐ Not Awarded

Accounting Number Assigned for Awarded Grant: _____