

Grant Proposal Development Plan (GPDP)

OREGON CITY SCHOOL DISTRICT

Contact name:
Department/ school:
Phone: Fax:
Project site:

Project title:

Granting organization:

Application due date:	Project director:
	Project supervisor:

Check one: New <input type="checkbox"/> Continuation <input type="checkbox"/>	Applying Type: Formula <input type="checkbox"/> Competitive <input type="checkbox"/> Contract <input type="checkbox"/>
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BUDGET:

Grant Amount Requested: \$

Matching funds required? Yes No Previous year funding: \$

Does grant allow for "indirect" or administrative" costs? Yes No
If not allowed, documentation must be provided to Fiscal Services. If yes, you must budget for them at the current rate of (Current Fiscal Year 2018-19 3.0%).

GENERAL PLANNING: Please complete the following. Attach one additional page if necessary.

1. Describe the proposed project. Please include what the project will do, how you plan to spend the funds, (staffing, staff development, technology, supplies, etc.), why it is needed at your location, and its relevance to district goals. (attach documentation or provide link)

2. Other district services/ programs to be directly involved or affected, e.g. Technology, Transportation/ Financial reporting requirements.

3. Acquisition of technology equipment and Technology Department notified? Yes No Acquisition

4. Alteration of facility buildings or grounds and Facilities Department notified? Yes No Alterations

5. Explain any long-term district commitment or reporting requirements by the funding source or program design.

APPROVALS:

- Route to Supervisor/Principal, Cabinet Level Director, or Assistant Superintendent as prescribed by procedure before submission to Fiscal Services.
- For grants that require the Superintendent or designee signature, this form must be on file in the Fiscal Services office one week prior to the grant application deadline. If the plan is not filed, the Superintendent or designee reserves the right to not sign the grant.
- I understand my department/school will be responsible for, and has already identified, any matching funds needed if this grant is received.
- I have read the District policy and procedure related for seeking and receiving grants. (check)

SIGNATURES:

Supervisor/Principal: Date:

Cabinet Level Director: Date:

Superintendent Date:

SEND A COPY OF THE COMPLETED FORM TO IMPACTED DEPARTMENTS AND ROUTE TO FISCAL SERVICES FOR RECORDING.