

**2019-2020 TPSD
Grant Submission/Acceptance Form**

_____ Submit Grant

TPSD Grant Number _____
(To be assigned by TPSD Admin)

_____ Accept Grant

Board Meeting Date _____

Applicant's Name _____

School/Department _____

Grant Source _____

Grant Site _____

Grant Title _____

Amount of Grant _____

Amount of District Match _____

Source of District Match _____

Grant Type _____ Local
_____ State
_____ Federal

If Federal, please identify the following
CFDA # _____
Pass-Through Entity # _____

Funding Process _____ Reimbursement
_____ Advanced
_____ Direct Pay

Grant Source Contact _____
E-mail _____
Phone Number _____

Grant Purpose _____

Submit Grant Checklist of Attachments

_____ Timeline
_____ Application
_____ Budget
_____ Supplemental Documentation
_____ Previous Grant History

Accept Grant Checklist of Attachments

_____ Awarding Notification
_____ Amended Documentation

Signature of Applicant/Date

Signature of Grants Coordinator/Date