2018-2019 TPSD
Grant Submission/Acceptance Form

_____ Submit Grant

_____ Accept Grant

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

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