

Grant Approval Form

School or Department Name:	
FCS Contact Person: <i>(Person who wrote the grant application or who is working with the partnering organization)</i>	
Phone: <i>(For the Contact Person)</i>	
Email: <i>(For the Contact Person)</i>	
Grant Name: <i>(Provide the name for your grant application)</i>	
Grantor (Funding Agency): <i>(Indicate who is the funding organization)</i>	
Purpose of grant: <i>(Provide brief overview of the grant, e.g., goals ,outcomes etc.)</i>	
Grant Deadline: <i>(Date grant is due)</i>	
School / Department Responsibilities: <i>(What are the expectations for staff/students involved with the grant? What are our obligations related to grant implementation? For example, do staff members have to complete surveys or collect data?)</i>	
Strategic Plan Alignment <i>(Is the grant directly aligned with the strategic plan? If yes, indicate which strategic initiative)</i>	<input type="checkbox"/> Yes (list the strategic initiative): <input type="checkbox"/> No
Grant Period: <i>(Period of time during which a funded project is in operation, e.g., 1 year)</i>	
Total amount requested: <i>(Dollar amount of the grant)</i>	
Fiscal Agent: <i>(The organization responsible for the grant budget, e.g., FCS, a non-profit, an Institute of Higher Education)</i>	<input type="checkbox"/> Fulton County Schools <input type="checkbox"/> Other entity (provide name):
Does grant involve other schools? <i>(If yes, list schools involved)</i>	<input type="checkbox"/> Yes (list schools involved): <input type="checkbox"/> No
Does grant involve other departments? <i>(If yes, list departments involved)</i>	<input type="checkbox"/> Yes (list departments involved): <input type="checkbox"/> No
Does grant require matching funds? <i>(Cash Match not budgeted must receive School Board approval prior to grant submission)</i>	<input type="checkbox"/> Yes (list amount of match below) <input type="checkbox"/> No Cash Match: \$ _____ or In-kind Match: \$ _____

Attach the **grant narrative and grant budget** to this form for approvers to review

Send the completed Grant Approval Form and copy of the grant proposal and budget to
 Ashley Garrison or Kelly Hopkins, The Office of Grant Development
 FCS Administrative Center, Telephone: 470-254-4573, Fax: 470-254-1245

Grant Approval Form - Signature Page

School-Based Grants – if multiple schools are involved each Principal and Area Sup should sign

Principal	Print Name	Signature	Date
Area Super- intendent	Print Name	Signature	Date

Departmental Grants – if multiple dept’s are involved, each Dept Dir and Exec. Staff Rep should sign

Dept. Director	Print Name	Signature	Date
Exec. Staff	Print Name	Signature	Date
Grant Develop- ment	Print Name	Signature	Date
Chief Financial Officer	Print Name	Signature	Date

Note: Grant Approval Forms submitted within a week of the grant deadline will not be accepted.

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