

NOTIFICATION OF GRANT DENIAL

St. Cloud Area School District 742

St. Cloud, Minnesota

Date: _____

Upon receipt of notification of grant denial, please send this completed form to the Research Manager/Grant Writer's office for placement on a subsequent Board Meeting agenda.

Name of School/Program for which grant was denied: _____

Name of Persons(s) Submitting Grant (grant writing team): _____

Title of Grant Application: _____

Agency Applied to: _____

(Agency Name)

(Contact Person)

(Address)

NOTIFICATION OF DENIAL:

Date of Correspondence/Notification: _____

Funding Denial Explanation: _____

Reviewed by District-level Administrator Committee _____

(Date)