

**NOTIFICATION OF DONATION/GRANT AWARD**  
*St. Cloud Area School District 742*

Date: \_\_\_\_\_

Upon receipt of notification of a donation or a grant award please send this completed form to the Research Manager/Grant Writer (District Administration Building) for placement on a subsequent Board Meeting agenda. All grants require Board of Education acceptance. Notification of grant denials should also be forwarded to the Research Manager/Grant Writer's office.

*Name of School/Program for which Donation/Grant was received:* \_\_\_\_\_

*Name of Persons(s) Submitting Donation/Grant (grant writing team):* \_\_\_\_\_

*Title of Donation/Grant Application (if applicable):* \_\_\_\_\_

*Donor /Agency Applied to:* \_\_\_\_\_  
(Agency Name)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Address)

*Purpose of Donation/Grant:* \_\_\_\_\_

*Personnel Hired:* \_\_\_\_\_

*Length, Start Date:* \_\_\_\_\_

**NOTIFICATION RECEIVED:**

*Date:* \_\_\_\_\_

*Amount:* \_\_\_\_\_

*(NOTE: All expenditures will be in accordance with District Policy.)*

*Building/Program Administrator:* \_\_\_\_\_  
(Signature)

*Superintendent of Schools:* \_\_\_\_\_  
(Signature)

*(NOTE: A complete copy of the grant should be on file in the Research Manager/Grant Writer's office.)*