

SUBMISSION OF GRANT APPLICATION
St. Cloud Area School District 742
St. Cloud, Minnesota

Date: _____

(NOTE: Please submit this form prior to completing a grant.)

Name of School/Program Applying for Grant: _____

Name of Persons(s) Submitting Grant (grant writing team - use additional page if needed):

Title of Grant Application: _____

Agency Applied to: _____

(Agency Name)

(Contact Person)

(Address)

Purpose of Grant:

Amount Requested: _____

Due Date: _____

Are you aware of other District 742 schools/programs applying for this grant? Yes or No

APPROVAL/AWARENESS FOR SUBMISSION OF GRANT:

Building/Program Administrator: _____

(Signature)

Superintendent of Schools: _____

(Signature)

Grant Writer: _____

(Signature)

Return to Grant Writer/Coordinator's Office – DAO

All grant applications require approval by the Board of Education. Please submit a final copy of all grant applications to the Grant Writer/Coordinator's Office.