

Shasta County Office of Education Grant Proposal Consideration Form

Submit this form to your Administrative Council level manager

DEPARTMENT	DATE
PROGRAM MANAGER	GRANT WRITER
ADMINISTRATIVE COUNCIL LEVEL MANAGER	
FUNDING AGENCY	FEDERAL FUNDS? YES NO
GRANT NAME	
PURPOSE/DESCRIPTION	
BENEFIT TO SCOE AND/OR OTHER AGENCIES	
GRANT AMOUNT	GRANT DURATION
GRANT DUE DATE	GRANT AWARD NOTIFICATION DATE
WILL THERE BE ANY EXPENSES TO WRITE GRANT?	YES NO IF YES, \$ AMOUNT
EVALUATION EXPENSES?	YES NO IF YES, \$ AMOUNT
WHO WILL DO THE EVALUATION?	
ARE INDIRECT COSTS ALLOWED?	YES NO
INDIRECT COSTS % CAP?	YES NO IF YES, %CAP
IN-KIND REQUIRED?	YES NO IF YES, DESCRIBE:

BUDGET REVIEWED BY ACCOUNTANT

DISCUSS GRANT PROPOSAL WITH OTHER DEPARTMENTS THAT MAY BE IMPACTED.

AFTER DISCUSSION: PLACE CHECKMARK BY DEPARTMENT(S) EFFECTED BY THIS PROPOSAL. PLEASE INDICATE SPECIFIC ROLES AND RESOURCES NEEDED IN THE FIELD TO THE RIGHT OF DEPARTMENT NAME

- BUSINESS
- MAINTENANCE AND OPERATIONS
- INFORMATION TECHNOLOGY
- HUMAN RESOURCES
- CURRICULUM AND INSTRUCTION
- TRANSPORTATION
- OTHER

<i>SUPT. OFFICE USE ONLY:</i>	
DATE REVIEWED BY CABINET _____	
COMMENTS:	
APPROVAL TO SUBMIT GRANT APPLICATION:	
SIGNATURE SUPERINTENDENT OR DESIGNEE _____	DATE _____