### CHARDON LOCAL SCHOOLS

# GRANT/CROWDFUNDING REQUEST FORM

# This form must be completed and submitted to your building administrator no later than two weeks prior to the grant application deadline.

Applicant	Date	Building
Grant Name or Source of Funds		
Please attach a copy of the grant application	ation materials and provide	the following

information:

1. Explain purpose and how project will align with the Ohio Academic Content Standards or Common Core Standards:

2. Timeline of grant project:

3. Budget:

- 4. Board matching funds required, if any:
- 5. Additional district resources required:

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6. Effect/impact on other buildings, if any:

7. Release time involved. Please describe:

8. Additional staff members involved:

9. Requirements/plans for sustainability of the project after all grant funds are expended:

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Signature of Applicant	Date
Signature of Building Administrator	_ Date
Director of Instructional Program Signature	_ Date
Treasurer Signature	_ Date
Approved: Yes 🗌 No 🗌	

Note: A copy of this form will be returned to the applicant whether or not the request has been approved. If the request is approved, the grant may then be submitted. Please send a complete set of submitted grant materials to the Treasurer's Office. If awarded, please notify the Treasurer's Office immediately.

\*Reminder: All items/materials purchased through any grant funds become and remain the property of the Chardon Local Schools, not individual teachers.