

District Office Intent to Apply for Grant Funding

This form must be completed prior to submission of any grant proposal that exceeds \$20,000 any questions please contact grants@philasd.org

* Required

1. Office Name *

2. Name and Title of Contact Person *

3. Telephone Number *

4. Email Address *

Funding Agency Information

5. Name of Funding Agency or Organization *

6. Funding Agency Address *

7. Funding Agency Telephone Number *

8. Website Address *

Information About the Proposal/Grant

9. Title of grant *

10. Due date of proposal *

Example: December 15, 2012

11. Is this proposal a response to a specific Request for Proposals?

Mark only one oval.

Yes

No

12. If no, how did you learn about the opportunity?

13. How much money are you requesting from this particular funding agency? *

14. What is the proposed start date for the project? *

Example: December 15, 2012

15. What is the proposed end date for the project *

Example: December 15, 2012

16. Please provide a brief description of the project/activities for which funding is being sought. Please be as thorough and complete as possible. *

17. Describe the anticipated outcomes of this project and how this project correlates with specific elements of the SDP strategic plan known as Action Plan v3.0? The plan can be found on www.philasd.org *

18. What will be the specific School District obligations or cost for this project (e.g. access to students, transportation, teacher involvement)? *

19. How will your office benefit from participation in this project? *
