GRANT DEVELOPMENT FORM

The following process must be followed by the individual developing a grant or partnership that benefits the Worcester Public Schools. This form must be completed and signed by a School Principal/Department Manager prior to your or your partner's grant submission. Please forward this signed form, a copy of your grant guidelines, and a summary of your grant to the Grants Office for review via fax at (508)799-8158. Please submit a copy of your final grant upon submission. The Grant team is available to assist you throughout the grant process. We would appreciate any award notifications and/or updates on your grant submissions. Please call (508) 799-3108 with any questions. Thank you.

Please let us know - Will you be requiring technical assistance from the Grants Office? ___Yes ___No

COMPLETE THIS SECTION IF WPS IS THE LEAD APPLICANT:

Note: Projects cannot be started until funding has been received and accepted by the School Committee or Superintendent. Purchase orders must be in place prior to services. Any services costing $10,000 or more will require a contract. Also, grants over $1,000 will be reviewed on an individual basis regarding management of your funds.

1. Please circle which best describes how your funds will be awarded and managed?
   a) Grant will be awarded to WPS/DAB and account set-up will be required
   b) Grant will be awarded to School and School will manage funds
   c) Grant will be awarded to Individual Teacher (i.e. minigrants/scholarships)

2. Grant Name _____

3. School/Dept _____

4. Contact Name/# _____

5. Funding Source _____ Amt Request $ _____

6. Due Date_____ Start Date_____ End Date_____
7. Approximate Notification Date _____

8. Are any of the following requirements of your grant application:
   a) Letter of Support? _____Yes _____No ***(please attach a copy)***
   b) Memorandum of Understanding? _____Yes _____No ***(please attach a copy)***
   c) Contract? _____Yes _____No ***(please attach contract terms)***

9. How does this application meet District/School Goals/Improvement Strategies?
   _____
   _____

COMPLETE THIS SECTION IF A PARTNER IS THE LEAD APPLICANT:

If you are working on a grant application with a lead agency, other than the Worcester Public Schools, please provide us with the following information:

1. Name of Partner/Lead Applicant _____

2. Partner Contact Name and # _____

3. Your Name/Location/# _____

4. Funding Source _____

5. Project Start Date _____ End Date _____

6. Are any of the following requirements of your grant application:
   a) Letter of Support? _____Yes _____No **(please attach a copy)**
   b) Memorandum of Understanding? _____Yes _____No (**please attach a copy**)
   c) Contract? _____Yes _____No (**please attach a copy)**

7. Explain WPS' role within the partners application (**please attach the narrative and budget information)**
   a) Will WPS be receiving funding if the partner's grant is awarded? _____Yes _____No
   b) Will WPS Staff be paid directly from the Partner? _____Yes _____No
   c) Will WPS be required to purchase supplies? _____Yes _____No

Additional Comments: _____
_____
_____

_____
School Principal/Coordinator/Supervisor Date

_____
DAB Supervisor/Manager Date

_____
Grants Office/Grant Writer Date

_____
Grants Office/Manager of Grant Resources Date