

Grant Authorization Bloomington Public Schools

School / Program _____

Grant Title _____

Grant Writer / Contact _____ Phone _____

Amount of Grant \$ _____ Matching Amount \$ _____

Date Grant Begins _____ Date Grant Ends _____

Source(s) of Funds _____

(L = Local, R = Regional, S = State, F = Federal)

Number of Students Participating _____

Number of Staff Participating _____

Number of Parents / Community Participating _____

Description of Project:

School / Program Administrator Date _____

Superintendent or Designee Date _____