



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