



## Butte Falls School District #91

P.O. Box 228, 720 Laurel Avenue, Butte Falls, OR 97522

(541)865-3563, fax (541)865-3217

### INTENT TO FILE A GRANT APPLICATION

Project Title: \_\_\_\_\_

Project Director: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Submission Due Date: \_\_\_\_\_

Postmark or received by? \_\_\_\_\_

Submission Address: \_\_\_\_\_

Project Operation Dates: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_ District Match Amount (if any): \$ \_\_\_\_\_

Project Description:

Signatures:

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

District Approval for Submission:

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/Principal: \_\_\_\_\_ Date: \_\_\_\_\_



District Fund Number:
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### Grant Application Cover Sheet

Grant Name: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Project Number: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Official Approval Date: \_\_\_\_\_

Final Report Due Date: \_\_\_\_\_

Postmark or received by? \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Match Required? \_\_\_\_\_ Carry-over Allowed? \_\_\_\_\_

Project Director: \_\_\_\_\_

Budget Detail Complete? \_\_\_\_\_

Funds Can Be Requested: Up Front \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Yearly \_\_\_\_\_

Summarize approved expenditures:

Grant Administration Fee (if any): \$ \_\_\_\_\_

Can we deviate from the budget? Yes \_\_\_\_\_ Yes, with approval \_\_\_\_\_ No \_\_\_\_\_

Summarize expenditures NOT approved:

Attach a copy of the grant and all supporting details from the funding agency.

Butte Falls School District 91 is an equal opportunity employer and educational provider.