Wenatchee School District Mid Point Grant Application (Form G2)

Date:		Submitted by:
School/s Impacted:		
People in conversation:		
Name/Title of Grant:		
Grant Type (circle one) Grant Amount/Duratior Grant Timeline for appl Name/Title of Funding	: ication:	Private
ant Purpose/General Descript	ion:	
Fiscal – Who is responsi Impact on Students? Teachers? Office Staff?	ing requisitions, etc) - 6? - juired? red? bligations during the g bligations after the gra ? (Describe) quired? (Describe) required? (Describe) required? (Describe) required? (Describe) required? (Describe) required? (Describe) restriction of the searching support required? revelopment required?	e grant? rant? be) hired? (Describe)
Parents?		
Community?		
District Office Use Only:		
Mid Point Grant Applicat	ion	
Approved:	Date	te:
Denied:	Date	te:

Please submit a copy of the grant and this form to **Director of State and Federal Programs**. A review meeting will be scheduled. Grant Submitter may be invited to provide information/clarification.

Reason:

Date: 1-June-10 Rev. A, Form#: LNT-F015 Page 1 of 1