



Great Falls Public Schools

Return completed form to Student Services via email:
dale_lambert@gfps.k12.mt.us

*****Must be submitted prior to grant submittal*****

Date:		
Grant Name:		
Grant Amount:		
Matching funds, if applicable, or additional requirements of district:		
Funding Source:		
Grant Applicant:	School:	Phone:
Submitted by:		
Brief description of grant:		

_____ Administrative Approval _____ Date

_____ Granting agency *requires* Board approval

_____ Board of Trustees *approves* submission of this grant.

_____ Board of Trustees *does not approve* submission of this grant.

_____ Granting agency *does not require* Board approval

_____ Board President _____ Date

_____ Superintendent _____ Date