

Lisbon School Department
Grant Application/Proposal Form

School or district: _____

Source of grant: _____

Grant Name: _____

Amount of grant \$ _____ or Service/Resources : _____

Filing deadline: _____ **Expiration:** _____ **Date:** _____

1. Additional staff needed to support the implementation of the grant and/or to maintain records that may be required by the granting entity;

2. Availability of resources if matching funds required;

3. Whether additional resources will be needed for continuation of the program when the grant expires;

4. What measures will be used to evaluate whether the objectives of the grant are being achieved;

5. Materials and/or services this grant will provide.

Superintendent's Approval date

Date Approved by Lisbon School Committee

Reviewed: March 09, 2015

Reviewed: April 12, 2021