

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

Grant Approval Form

*Send completed form and attachments to your budget administrator for approval.
After approval, please forward packet to Lisa Myers, Grant Specialist/Business Services*

ALL GRANTS MUST HAVE PRIOR APPROVAL

SKSD Contact: _____ Date: _____

Proposed Grant Title: _____

Funder Name: _____

Funder Type (check one):

☐ Federal agency
☐ State agency

☐ Local government agency
☐ Private funder

Requested Amount: \$ _____

Indirect Rate: _____ %

Maximum Amount of Indirects Allowed: \$ _____

Basis for Indirect:

☐ All direct costs
☐ Salary and benefits only
☐ Other (please specify) _____

Grant Beginning Date: _____

Grant End Date: _____

Describe estimated spending plan:

Other information necessary for assessing the impact of the grant on the District:

Attach Grant Request for Proposal (Grant Description)

Budget Administrator Approval:

Print Name: _____

Signature: _____

Date: _____

South Kitsap School District
Business Office

2689 Hoover Ave SE
Port Orchard, WA 98366

(360) 874-7000 Office
(360) 874-7068 Fax
www.skitsap.wednet.edu

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