| **Board Meeting:** | **Item #:** | **Originator:** |
| --- | --- | --- |
| **Directions:** Complete this document with clear and concise information that is drawn from the Request for Proposal, Grant Application, and/or Grant Award Notification. In addition, provide historical or contextual information that provides program background. | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Title of Grant** | **Funding Source** | **Amount** | **Grant Period** | **Type**  **(Entitlement, Allocation, or Competitive)** | **Purpose** | |  |  |  |  |  |  | | | |
| 1. **Historical information** **(number of years of implementation; key successful components).** | | |
| **2. If schools are included in the grant, provide the criteria for the selection of schools. State whether the criteria was identified by the funder or the applicant.**   |  |  |  | | --- | --- | --- | | **NAME OF SCHOOL** | **REGION** | **VOTING DISTRICT** | |  |  |  | |  |  |  | |  |  |  | | | |
| **3. What are the instructional implications and impact of this grant? If the program/initiative has been evaluated, provide evaluation date and synopsis. If not, has an evaluation been requested?** | | |
| **4. Impact on District**   * **Operations:** * **Financial:** * **Budget**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of the Grant Program** | | |  |  | | **Category** | **Amount** | **% of Total Grant Amount** | **FTE** | **Description** | | **Personnel** |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Fringe Benefits |  |  |  |  | | ***Subtotal Personnel & Fringes*** |  |  |  |  | | **Professional/Technical** |  |  |  |  | |  |  |  |  |  | | ***Subtotal Prof/Tech*** |  |  |  |  | | **Furniture, Fixtures and Equipment** |  |  |  |  | | **Travel** |  |  |  |  | |  |  |  |  |  | | ***Subtotal Travel*** |  |  |  |  | | **Other** |  |  |  |  | |  |  |  |  |  | | ***Subtotal Other*** |  |  |  |  | | **Indirect Cost** |  |  |  |  | | ***Total*** |  |  |  |  |  * **Contracts:**   **Is the vendor a non-profit? Minority/Women Business Enterprise (M/WBE) certified? Small/Microbusiness Business Enterprise certified?**  **How was the vendor selected? Is the requirement for requesting competitive solicitation from three or more sources waived pursuant to Board Policy 6320, Purchase Approval and Competitive Bidding Process Requirements, F. 2?**  **Describe the procurement process for this vendor.**   * **Staffing:** * **Future Work:** | | |
| **5. Is item a recurring item?** | | |
| **6. Controversial issues of importance to the Board.** | | |
| **7. Is the grant a follow-up of a previous Board Member item or was it requested by a Board Member?**  **Who?** | | |
| **8. Staff member who will be present at Committee and Board meeting to answer questions.**  **Name:**  **Title:**  **Office:**  **Telephone Number:** | | |