NORTH KINGSTOWN SCHOOL DEPARTMENT
OFFICE OF THE SUPERINTENDENT
GRANT APPROVAL APPLICATION
100 Romano Vineyard Way, Suite 120
North Kingstown, RI 02852
(401) 268-6400 Fax: (401) 268-64XX TDD: (401) 268-6457
www.nksd.net

Educate
Inspire
Challenge

DATE OF APPLICATION: _____

NAME/ADDRESS/PHONE NUMBER/EMAIL OF ORGANIZATION/INDIVIDUAL REQUESTING APPROVAL:

_____

_____

INDIVIDUAL/ORGANIZATION TYPE: ☐ Student ☐ Staff ☐ PTO/PTA ☐ Booster ☐ Donor

☐ Other _____

PLEASE ATTACH A DOCUMENT DESCRIBING THE PURPOSE OF THE REQUEST OR PROGRAM, THE PROPOSED METHOD OF CARRYING OUT THE GRANT IF AWARDED, THE EXPECTED GOAL/OUTCOME OF THE EVENT (I.E. AMOUNT OF MONEY, EQUIPMENT, DONATIONS, ETC), THE TIMEFRAME FOR THE GRANT AND ANY OTHER PERTINENT INFORMATION NEEDED FOR THE COMMITTEE TO REVIEW THIS REQUEST.

PLEASE INCLUDE IN THE PROPOSAL THE FOLLOWING INFORMATION:

- **Will the grant cover the expenses of the entire project or will School Department funds be required to accomplish goal?**
- **Does grant require a School Department match or contribution?**
- **Will the project require on-going maintenance by the School Department once complete?**
- **Acknowledgement that all School Department purchasing regulations will be followed if the application is approved and the grant is awarded.**
- **Acknowledgement that reporting requirements for the grant will be the responsibility of the person/organization applying for the grant.**
- **All monetary donations of $500 or more must be forwarded to the NK Business Office for deposit. Separate account numbers for use of monies will be provided to the recipient's Principal/Department Head.**
- **Student activity accounts should only be utilized based on "School Activity Account Guidelines" document found under the Business Office tab on the NKSD website under Guidelines and Procedures at this link**
  https://www.nksd.net/apps/pages/index.jsp?uREC_ID=796096&type=d&pREC_ID=1187075

SIGNATURE OF REQUESTOR ACKNOWLEDGING NORTH KINGSTOWN SCHOOL COMMITTEE POLICY AND REQUIREMENTS NOTED ABOVE:

_____

REVISED 10.25.19

NORTH KINGSTOWN SCHOOL DEPARTMENT ADMINISTRATION USE ONLY

SCHOOL PRINCIPAL/DEPARTMENT HEAD APPROVAL_____

REVIEW COMMITTEE MEETING DATE_____

SCHOOL COMMITTEE APPROVAL REQUIRED?:_____

DATE OF SC APPROVAL, IF APPLICABLE:_____

REVIEW COMMITTEE APPROVAL? Y/N _____

IF NO, WHY?_____

_____

_____

IF YES, SPECIAL COMMENTS/INSTRUCTIONS:_____

_____

_____

HOLD FOR FURTHER REVIEW IF APPLICABLE Y/N:_____

SUPERINTENDENT'S SIGNATURE_____

NOTES:_____

_____

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_____

REVISED 10.25.19