

PO Box 949
Huron, SD 57350
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INTENT TO APPLY FOR GRANT FUNDING --- Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.

Date: _____ Group Applying: _____ Contact Person: _____

Name of Grant/Award: _____

Name of Funder: _____ Contact Person: _____

Amount to be Requested: _____ Funder's Submission Due Date: _____

Project Focus: _____

How awarded amount received? _____ Full amount up front _____ Reimbursement

Are any follow up reports required? ____ Yes ____ No If yes, when are they due?

Is any District funding, resource, or in-kind commitment required now or in the future? Yes_No ____

If yes, please list by dollar amount and/or in-kind service/support. Be specific:

Please note:

- Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- The person or group applying will need to submit the following documentation to the curriculum and business offices:
 - A copy of the completed grant application.
 - If and when the grant is awarded, a copy of the award letter.
 - If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: _____

Building/Department Administrator

Date

Signature: _____

Sherri Nelson, Director of Curriculum, Instruction & Assessment Date

Signature: _____

Kelly Christopherson, Business Manager

Date

Date Presented to School Board: _____