



Westerly Public Schools

Grant Approval Form

Grant Approval Form prepared/submitted by:

Name	Title	Department/School	Date
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PROJECT DIRECTOR: _____

Name (if different from above)	Signature	Date
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PROJECT OVERVIEW

PROJECT TYPE: ☐ New ☐ Renewal ☐ Other (Please explain: _____)

PROJECT TITLE: _____

Funding Agency: _____ Program Name: _____

GRANT APPLICATION DEADLINE: _____

Anticipated Project Start and End Dates: _____

Project Description / Implementation Plan: (example): This 5-year project develops a comprehensive program to improve the retention and success of students enrolled in mathematics courses. An Integrated Learning Center will be established in the West Campus Library, with rooms for student group study and supplementary instruction. Instructional technology, including Tablet PCs for math instructors will be provided for interactive instruction. Increased student support will be developed to recruit and retain students in STEM pathways, including math-related workshops, peer mentoring, a summer "Math Jam" program, and specific work with secondary schools and local 4-year colleges to develop model articulation agreements.

How does the project help fulfill the school district missions and/or goals? (example): This project addresses Strategic Goal #2: "Tie Program Review, including all instructional and student services programs, to resource allocation decisions: staffing, technology, instructional equipment and facilities and #7: "Create a culture of evidence and measurable improvements; and #8: "Expand and enhance the learning environment and delivery options for students". The activities implemented through this grant help fulfill the District's goals by supporting priorities identified in the Science & Mathematics Program Review; strengthening articulation agreements with local schools, measuring the impact of new services on student success, and providing enhanced instructional opportunities for student success.

PERSONNEL NEEDS

Job Title	Percentage of Time	Role in Project	If position will be funded by the grant, state %

FACILITY NEEDS:

- ☐ Project can function within the current facility structure of the district
- ☐ Project has the following needs in addition to existing facilities:
- ☐ Additional office space, furniture and computers
 - ☐ Modification of other instructional or student support space

The grant will fund:

- ☐ All facility modifications needed for the project
- ☐ Some modifications needed for the project
- ☐ No modifications. Funding will be needed from other sources

PROPOSED PROJECT BUDGET

	Year 1 FY:	Year 2 FY:	Year 3 FY:	Year 4 FY:	Year 5 FY:	TOTAL
Grant Request						
WPS Match						
Other Match						
TOTAL PROJECT COSTS						

Will the district be expected to continue activities after grant funds are expended? ☐ Yes ☐ No
If yes, please explain, indicating the source of funds that will be used to sustain the project:

MATCH REQUIREMENTS

Matching Funds Required: ☐ Yes (You must complete ALL of the following questions/sections)
☐ No (You may skip the following questions; however, you still need to complete the REQUIRED APPROVALS section)

Percentage of project funds covered by the grant vs. matching funds: Grant: _____ Match: _____

PROPOSED MATCHING SOURCES

TYPE (Cash, in-kind)	Source/ Description	Amount	Contact Person/Title

REQUIRED APPROVALS

Finance Office

Superintendent

Date

Date