

Grant Application Summary

Due Six (6) Weeks Prior to Grant Deadline to Grants Management Team

GRANT TITLE:

AUTHOR(S) OF GRANT:

CANTON CITY SCHOOLS STAFF INVOLVED:

AMOUNT REQUESTED:

GRANT DEADLINE:

ARE MATCHING FUNDS REQUIRED?

If YES, how much?

LENGTH OF GRANT:

PURPOSE OF GRANT:

SUMMARY OF ACTIVITIES TO BE UNDERTAKEN:

WHAT ARE THE DATA REPORTING REQUIREMENTS?

WHAT ARE THE TIME COMMITMENTS OF CANTON CITY SCHOOLS STAFF?

WHAT IS THE NEED FOR TECHNOLOGY IN THIS GRANT? HOW WILL THE TECHNOLOGY ACQUIRED THROUGH THIS GRANT BE SUPPORTED AND MAINTAINED?

HOW WILL THIS GRANT IMPROVE STUDENT ACHIEVEMENT?

HOW WILL THE EFFORTS ASSOCIATED WITH THIS GRANT BE SUSTAINED AFTER FUNDING CEASES?

WHY IS SECURING THIS GRANT IMPORTANT?

APPROVED

DENIED

DATE _____