

Authorization for School Grant Application



MONTGOMERY COUNTY PUBLIC SCHOOLS
Office of the Chief Financial Officer
Budget Unit
850 Hungerford Drive (CESC), Room 170, Rockville, Maryland 20850

MCPS Form 280-60
October 2017
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This form must be submitted at least two weeks prior to the due date of the grant application.

[MCPS Financial Manual, Chapter 19, Gifts and the MCPS Foundation](#)
[MCPS Regulation DDA-RA, Seeking and Securing Federal, State, and Private Grants](#)
[MCPS Regulation DJA-RB, Purchases of Materials and Equipment Using Nonappropriated Funds and Acceptance of Donated Items](#)

REQUIREMENTS

An MCPS *small grant* is a school-based grant that must meet the following requirements:

- Amount of the grant is less than \$20,000
- Cannot require restricted annual financial reporting
- Cannot require cash or in-kind match nor a commitment of MCPS resources
- Cannot be used to employ personnel, other than substitutes in the schools during the regular school day

A grant that does not meet the requirements listed above is a supported project grant and must be managed at the central office level (Central Office Grant). A grant that has a tax status eligibility requirement, such as a 501(c)(3) organization, does not meet the requirements for an MCPS grant and may be managed by the MCPS Educational Foundation, Inc. (MCPS Educational Foundation)

PART I: GENERAL INFORMATION (To be completed by applicant)

School Name and Number _____
Principal _____ School Financial Agent _____
Grant Manager _____ Grant Manager Position _____

PART II: GRANT SUMMARY (To be completed by applicant)

Grant Name _____
Grantor's Name _____
Grantor's Phone _____ - _____ - _____ Grantor's E-mail Address _____
Grantor's Address _____
Proposed Grant Amount \$ _____ Grant Application Due Date ____/____/____
Purpose and description of the grant.

ATTACH REQUIRED DOCUMENTATION • Grant application • Detailed budget proposal

School Financial Agent Signature _____ Date ____/____/____
Principal Signature _____ Date ____/____/____

Upon completion of Part I and Part II, Principal should ATTACH required documents, and FORWARD to the Budget Unit, CESC, Room 170, for review and approval.

PART III: BUDGET UNIT—REVIEW AND APPROVAL

Budget Log Number _____ Log Date ____/____/____ Proposed Grant Amount \$ _____
Grant Application Due Date ____/____/____ Grant Period From ____/____/____ to ____/____/____
Grantor Tax Status Requirement Yes No *If Yes, tax status required _____*
Budget Unit Recommendation for Grant Category (Check One Below)
 IAF Grant Central Office Grant MCPS Educational Foundation Grant (EFI)
Budget Specialist Signature _____ Print Name _____ Date ____/____/____
Budget Supervisor Signature _____ Date ____/____/____
Chief Financial Officer Signature _____ Date ____/____/____

After review and approval by the Budget Unit (Part III), the application is forwarded to the Office of School Support and Improvement (OSSI).

PART IV: PROGRAMMATIC REVIEW AND APPROVAL BY OSSI

Comments

Director/Associate Superintendent Approved Not Approved

Director/Associate Superintendent Name _____

Director/Associate Superintendent Signature _____ Date ____/____/____

After Review by OSSI Director/Associate Superintendent, this authorization form should be forwarded to the Budget Unit.

PART V: NEXT STEPS

Upon final decision by the Budget Unit and OSSI, schools will be notified by the Budget Unit via e-mail of the grant authorization status. If authorization to apply for grant is given, school should proceed to submit the grant application to the grantor.

Upon receipt of the grantor award letter, schools will follow the guidelines based on the type of grant:

Independent Activity Fund (IAF) Grant

- School financial agent completes *VI-1A IAF Grant* and forwards it along with a copy of the award letter to the Budget Unit, OSSI director, and Internal Audit Unit
- At the end of the grant period, school financial agent completes *Part VI-1B IAF Grant Close-Out* and will forward copies to the Budget Unit, OSSI director, and Internal Audit Unit

Central Office Grant:

- School Financial Agent will submit a copy of the award letter to the Budget Unit
- A budget specialist from the Budget Unit will work collaboratively with the school's grant manager and financial agent to set-up the grant in the Financial Management System (FMS) after approval from the superintendent of schools and the Board of Education.
- Budget Specialist will complete *Part VI-2A/VI-2B Central Office Grant* and will forward copies to the school, OSSI director, and Internal Audit Unit.

Educational Foundation Inc. (EFI)

- School Financial Agent will submit a copy of the award letter to the Budget Unit
- Budget Unit will review letter and forward to EFI.
- EFI staff will complete *Part VI-3A/VI-3B Educational Foundation Inc.* and will forward copies to the school, Budget Unit, OSSI director, and Internal Audit Unit

PART VI-1A: IAF GRANT (completed by School)	PART VI-2A: CENTRAL OFFICE GRANT (completed by Budget Unit)	PART VI-3A: EDUCATIONAL FOUNDATION GRANT (completed by EFI)
Grant Awarded Amount \$ _____ Date of Grant Awarded ____/____/____ Duration of Grant Award From ____/____/____ To ____/____/____ IAF Account Name _____ IAF Account # _____	Grant Completion Date ____/____/____ Grant Actual Receipt Amount \$ _____ Grant Actual Expenditure Amount \$ _____ Amount due to Grantor \$ _____	Grant Awarded Amount \$ _____ Date of Grant Awarded ____/____/____ Duration of Grant Award From ____/____/____ To ____/____/____ EFI Fund ID _____
PART VI-1B: IAF GRANT CLOSE-OUT (completed by School)	PART VI-2B: CENTRAL OFFICE GRANT CLOSE-OUT (completed by Budget Unit)	PART VI-3B: EDUCATIONAL FOUNDATION CLOSE-OUT (completed by EFI)
Grant Completion Date ____/____/____ Grant Actual Receipt Amount \$ _____ Grant Actual Expenditure Amount \$ _____ Amount due to Grantor \$ _____ Check Number _____ IAF Account Name _____ IAF Account # _____	Grant Completion Date ____/____/____ Grant Actual Receipt Amount \$ _____ Grant Actual Expenditure Amount \$ _____ Amount due to Grantor \$ _____	Grant Completion Date ____/____/____ Grant Actual Receipt Amount \$ _____ Grant Actual Expenditure Amount \$ _____ Amount due to Grantor \$ _____ Check Number _____ Account Name _____ Account # _____