

# Authorization for School Grant Application

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Division of Financial Management, Department of Management and Budget  
15 W. Gude Drive, 2nd Floor, Rockville, Maryland 20850

MCPS Financial Manual, Chapter 11, *Grants Administration*  
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

**This form must be submitted at least two weeks prior to the due date of the grant application.**

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 EFI Grant). This form is not required for applying for grants offered by the 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 \_\_\_\_\_

*\*Only a full-time MCPS employee can be the official manager of a grant. A grant manager is the individual who is responsible, with assistance from other staff members as needed and appropriate, for all aspects of administering the grant activities, including program implementation, financial management, procurement processing, reporting, and records retention. They are responsible for ensuring that MCPS and/or the relative school(s) obtains the maximum value and productivity for the use of grant funds.*

Grant Program/Project Name \_\_\_\_\_

Grantor's Name \_\_\_\_\_

Grantor's Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grantor's Email Address \_\_\_\_\_

Grantor's Address \_\_\_\_\_

Proposed Grant Amount \$ \_\_\_\_\_ Grant Application Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose/Description of the grant and intended use of funds.

### ATTACH REQUIRED DOCUMENTATION • Grant application • Detailed budget proposal

School Financial Agent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Upon completion of Part I, required documentation should be attached with this form and forwarded to the Department of Management and Budget (DMB), either via email OR via pony to 15 W. Gude Drive, 2nd Floor, for review and approval.**

## PART II: DMB—REVIEW AND APPROVAL

Budget Log Number \_\_\_\_\_ Log Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed Grant Amount \$ \_\_\_\_\_

Grant Application Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grant Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  Not Identified

Grantor Tax Status Requirement  Yes  No *If Yes, tax status required \_\_\_\_\_*

**Recommendation for Grant Category (Check One)**  IAF Grant  Central Office Grant  MCPS EFI Grant

Comments

Grant Specialist Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Budget Director Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Chief Financial Officer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**After review and approval by the DMB (Part II), the application is forwarded to the Division of School Leadership and Improvement (DSL).**

**PART III: PROGRAMMATIC REVIEW AND APPROVAL BY DLSI**

Comments

Associate Superintendent (AS)  Approved  Not Approved

AS Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

After Review by AS, this authorization form should be forwarded to the DMB.

**PART IV: NEXT STEPS**

**Upon final decision by the DMB and DLSI, schools will be notified by the DMB via email 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 *V-1A IAF Grant* and forwards it along with a copy of the award letter to the DMB, DLSI director, and Internal Audit Unit.
- At the end of the grant period, school financial agent completes *Part V-1B IAF Grant Close-Out* and will forward copies to the DMB, DLSI director, and Internal Audit Unit.

**Central Office Grant:**

- School Financial Agent will submit a copy of the award letter to the DMB.
- A grant specialist from the DMB will work collaboratively with the school's grant manager and financial agent to set-up the grant in the Business Hub after approval from the superintendent of schools and the Board of Education.
- Grant Specialist will complete *Part V-2A/V-2B Central Office Grant* and will forward copies to the school, DLSI director, and Internal Audit Unit.

**MCPS EFI Grant**

- School Financial Agent will submit a copy of the award letter to the DMB.
- DMB will review letter and forward to EFI.
- EFI staff will complete *Part V-3A/V-3B MCPS EFI Grant* and will forward copies to the school, DMB, DLSI director, and Internal Audit Unit.

<b>PART V-1A: IAF GRANT (completed by School)</b>	<b>PART V-2A: CENTRAL OFFICE GRANT (completed by DMB)</b>	<b>PART V-3A: MCPS EFI GRANT (completed by EFI)</b>
Grant Award Amount \$ _____ Date of Grant Award ____/____/____ Duration of Grant Award From ____/____/____ To ____/____/____ IAF Account Name _____ IAF Account # _____	Grant Award Amount \$ _____ Date of Grant Award ____/____/____ Duration of Grant Award From ____/____/____ To ____/____/____ Organization # _____ Project # _____	Grant Awarded Amount \$ _____ Date of Grant Awarded ____/____/____ Duration of Grant Award From ____/____/____ To ____/____/____ EFI Fund ID _____
<b>PART V-1B: IAF GRANT CLOSE-OUT (completed by School)</b>	<b>PART V-2B: CENTRAL OFFICE GRANT CLOSE-OUT (completed by DMB)</b>	<b>PART V-3B: MCPS EFI GRANT CLOSE-OUT (completed by EFI)</b>
Grant Completion Date ____/____/____ Grant Actual Receipt Amount \$ _____ Grant Actual Expenditure Amount \$ _____ Amount due to Grantor \$ _____ Check Number _____ IAF Account Name _____ IAF Account # _____	<p><b>Central Office grants will be closed out accordingly per current procedures. Please contact the DMB with any questions regarding the close out of a Central Office grant.</b></p>	Grant Completion Date ____/____/____ Grant Actual Receipt Amount \$ _____ Grant Actual Expenditure Amount \$ _____ Amount due to Grantor \$ _____ Check Number _____ Account Name _____ Account # _____