

**Kansas City, Kansas Public Schools
Community Partner Intent to Apply/Approval for Grant Funding**

This form must be completed and submitted prior to applying for any grant proposal requiring School District involvement for which the District is not the Lead Applicant.

Community Partner Contact

Community Partner Name _____

Address _____

Name and Title of Contact Person _____

Phone Number _____ E-mail Address _____

Funding Agency Information

Name of Funding Agency or Organization _____

Grant Type (choose one): Local State Federal w/C DFA#

Funding Agency Address _____

Funding Agency Telephone Number _____

Information about the Proposal/Grant/Request

Name of Grant Program _____

Due Date of Proposal _____ Current Date _____

How much money are you requesting from this particular funding agency? _____

Source and amount of any matching money _____ \$ _____

_____ \$ _____

Proposed starting and ending dates for the project _____

Please provide a brief description of the project for which funding is being sought, including necessary School District involvement, benefits to the District, and if there is any monetary or human resource cost to the School District.

Please submit this form to Alan King at 2010 N. 59th Street, Kansas City, KS 66104.

Grant # _____ Date sent _____ Awarded: Yes \$ _____ No

NOTE: Submitting or saving this form requires Adobe Reader 7 or newer. If you have problems submitting this form, please try saving it to your computer and emailing it as an attachment to Alan King [alking@kckps.org], or print it and send a hard copy to him.