Mansfield ISD
Grant Budget Request for Fiscal Year _____

Grant Name / Description: _____

Grant CFDA Number (federal grants): _____

Grant Pass-Through Entity Identifying Number (state/federal grants): _____

Grant Starting Date: _____ Grant Ending Date: _____

_____ Copy of the Grant Application (must be included) along with the Budget Request Sheet

_____ Original Notice of Grant Award or Contract (must be included)

NOTE: If the Grant is a Shared Grant, in addition to a copy of the Notice of Grant Award, submit a signed document indicating the amount granted to Mansfield ISD.

_____ District representative responsible for administering the Grant and ensuring compliance with grant guidelines:

District Representative Name (Grant Coordinator): _____

The Grant is (choose one – reimbursing or advancing)**:**

_____ Reimbursing Grant (expenses are reimbursed after expensed)

Frequency of reimbursements:

_____ Monthly _____ Quarterly

_____ Final _____ Other periodically

Funds are to be received by the district:

_____ Wire or ACH (include the bank form to be completed)

_____ Check

_____ Advancing Grant (advances are automatically made by the Grantor)

Frequency of advances:

_____ Monthly _____ Quarterly

_____ Final _____ Other _____

This section is REQUIRED.

Reporting Requirements to the Grantor:

Grant contact person and phone number (**Grantor** – NOT a district employee)

Name: _____

Phone: _____

Email: _____

Reports are to be submitted:

_____ Monthly Due Date(s): _____

_____ Quarterly Due Date(s): _____

_____ Final Due Date(s): _____

_____ Other _____ Due Date(s): _____

Reporting forms or example report must be attached.

Documentation to be sent with the reports to the Grantor:

_____ Copies of all paid invoices _____ Copies of all travel payments

_____ Copies of purchase orders _____ Copies of teacher stipend payments

_____ Other: _____ _____ Only the report is to be sent.

I certify that all information submitted is correct.

_____ _____

Signature of Grant Coordinator Printed Name of Grant Coordinator

NOTE: The grant funds will not be placed in the budget and will not be available for expenditure until all items are received by the Business Office. Approval may take up to two weeks.

Mansfield ISD
Grant Budget Request

Campus / Organization Name _____

Grant Name / Description: _____

_____ New Funding _____ Additional Funding

Account Code

TOTAL REVENUE $ 0.00

Account Code(s)

_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00

TOTAL DIRECT COSTS $ 0.00

***TOTAL INDIRECT COSTS** **% X** 0.00 0.00

***Indirect costs rate changes each year**

TOTAL EXPENSES: DIRECT & INDIRECT: $ 0.00

(Total Expenses must equal Total Revenue)

_____

Requested by: Grant Coordinator / Teacher

_____

Approved by Supervisor: Principal / Director / Assistant Superintendent

_____

Approved by: Associate Superintendent

_____

Approved by: Associate Superintendent of Business and Finance

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