

**Lisbon School Department**  
**Grant Application/Proposal Form**

School or district: \_\_\_\_\_

Source of grant: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Amount of grant \$ \_\_\_\_\_ or Service/Resources : \_\_\_\_\_

**Filing deadline:** \_\_\_\_\_      **Expiration:** \_\_\_\_\_      **Date:** \_\_\_\_\_

1. Additional staff needed to support the implementation of the grant and/or to maintain records that may be required by the granting entity; \_\_\_\_\_  
\_\_\_\_\_

2. Availability of resources if matching funds required; \_\_\_\_\_  
\_\_\_\_\_

3. Whether additional resources will be needed for continuation of the program when the grant expires; \_\_\_\_\_  
\_\_\_\_\_

4. What measures will be used to evaluate whether the objectives of the grant are being achieved; \_\_\_\_\_  
\_\_\_\_\_

5. Materials and/or services this grant will provide. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent's Approval                      date

\_\_\_\_\_  
Date Approved by Lisbon School Committee

Reviewed: March 09, 2015