

GRANT CONCEPT FORM

**PART II SIGNATURES PAGE**

**PROPOSAL SUPPORT** *(To be completed by Applicant)*

**Principal/Director:**

\_\_\_\_\_  
*Signature & Date*

**ADDITIONAL DISTRICT RESOURCES/DEPARTMENT SUPPORT:**

*(To be completed by Applicant if the proposal impacts district resources and/or other departments)*

**RDA – Assessment/Evaluation Support** YES  NO

If yes, please comment: \_\_\_\_\_

**Curriculum** YES  NO

If yes, please comment: \_\_\_\_\_

**Professional Development Support** YES  NO

If yes, please comment: \_\_\_\_\_

**Facilities Use** YES  NO

If yes, please comment: \_\_\_\_\_

**Technology, Connectivity and/or Support** YES  NO

If yes, please comment: \_\_\_\_\_

**Major Equipment** YES  NO

If yes, please comment: \_\_\_\_\_

**Other:** \_\_\_\_\_ YES  NO

If yes, please comment: \_\_\_\_\_

**Impacts APS Foundation Fundraising Work:** YES  NO

If yes, please comment: \_\_\_\_\_

\_\_\_\_\_

*To ensure alignment with District goals and strategic needs, the Grant Writer/Manager must review all grant concepts and will guide all concepts through final leadership approval. (Send Part II Signatures/Approval Page via interoffice mail to the Grant Writer/Manager, Superintendent's Office at 620E City Center or fax to 505-872-8855.)*

Albuquerque Public Schools  
Office of the Superintendent – Grant Writer/Manager

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**FINAL REVIEW:**

*(To be completed by the Grant Writer/Manager)*

**Approved:**

*(For grant concepts less than \$10,000 and no impact on District resources, staffing or departments)*

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*Grant Writer/Manager Signature & Date*

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*Associate Superintendent/Leadership Signature & Date*

**Recommendation for Leadership Team Update:**

*(For grant concepts that impact District resources, staffing and/or other departments)*

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*Grant Writer/Manager Signature & Date*

**Associate Superintendent/Leadership:**

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*Signature & Date*

**Recommendation for Approval:**

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*Chief of Staff Signature & Date*

**Final Approval:**

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*Superintendent Signature & Date*

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