

MONTGOMERY COUNTY PUBLIC SCHOOLS

Authorization for School Grant Application

MONTGOMERY COUNTY PUBLIC SCHOOLS
Office of Finance, Division of Management and Budget
850 Hungerford Drive (CESC), Room 170, Rockville, Maryland 20850

MCPS Financial Manual, Chapter 19, *Gifts and the MCPS Foundation*
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).

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 and description of the grant.

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 Division of Management and Budget (DMB), either via email OR via pony to CESC, Room 170, for review and approval.

PART II: BMD—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

Budget Specialist Signature _____ Print Name _____ Date ____/____/____

Budget Director Signature _____ Date ____/____/____

Associate Superintendent of Finance Signature _____ Date ____/____/____

After review and approval by the DMB (Part II), the application is forwarded to the Office of School Support and Well-Being (OSSWB).

PART III: PROGRAMMATIC REVIEW AND APPROVAL BY OSSWB

Comments

Associate Superintendent (AS)/Director Approved Not Approved

AS/Director Name (Print) _____ Signature _____ Date ____/____/____

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

PART IV: NEXT STEPS

Upon final decision by the DMB and OSSWB, 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, OSSWB 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, OSSWB director, and Internal Audit Unit.

Central Office Grant:

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

**PART V-1A: IAF GRANT
(completed by School)**

Grant Award Amount \$ _____
Date of Grant Award ____/____/____
Duration of Grant Award
From ____/____/____ To ____/____/____
IAF Account Name _____
IAF Account # _____ . _____

**PART V-2A: CENTRAL OFFICE GRANT
(completed by DMB)**

Grant Award Amount \$ _____
Date of Grant Award ____/____/____
Duration of Grant Award
From ____/____/____ To ____/____/____
Organization # _____
Project # _____

**PART V-3A: MCPS EFI GRANT
(completed by EFI)**

Grant Awarded Amount \$ _____
Date of Grant Awarded ____/____/____
Duration of Grant Award
From ____/____/____ To ____/____/____
EFI Fund ID _____

**PART V-1B: IAF GRANT CLOSE-OUT
(completed by School)**

Grant Completion Date ____/____/____
Grant Actual Receipt Amount \$ _____
Grant Actual Expenditure Amount \$ _____
Amount due to Grantor \$ _____
Check Number _____
IAF Account Name _____
IAF Account # _____ . _____

**PART V-2B: CENTRAL OFFICE
GRANT CLOSE-OUT
(completed by DMB)**

**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.**

**PART V-3B: MCPS EFI GRANT CLOSE-OUT
(completed by EFI)**

Grant Completion Date ____/____/____
Grant Actual Receipt Amount \$ _____
Grant Actual Expenditure Amount \$ _____
Amount due to Grantor \$ _____
Check Number _____
Account Name _____
Account # _____ . _____