

Approved       Not Approved  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
*For Office Use Only – Please do not write in this box*

**Intent to Apply for Grant Funding**  
*(Do not complete this form for DonorsChoose or Partners in Action Grants)*  
**Application Must Be Submitted To [grantapplication@okcps.org](mailto:grantapplication@okcps.org) At Least 4 weeks Prior To Deadline**  
*Anything obtained through this process remains property of Oklahoma City Public Schools (printers, microscopes, etc.)*  
**Grant ID Number:** \_\_\_\_\_ *(internal tracking number assigned by Grants Manager)*

**Prior to completing this form, please see Pre-Screening Flowchart on Grants Webpage**

<b>Section I: Project / Program Information</b>
Site / Department
Name of Grant
Funding Organization
Brief Project / Program Description

<b>Section II: To Be Completed By Requestor</b>	
Requested By	Date
Requestor Email	Requestor Phone Number
Application Deadline	Amount of Grant Funding Being Requested
Project Start / End Dates	
Is a Letter of Support needed from the District?	Potentially Affected Areas:  IT / Technology Curriculum / Academics Operations / Facilities Other: _____
How did you hear about this funding opportunity?	
Attachments	Application Budget Notice of Funding or Funders Requirements Supporting Documents

# Intent to Apply for Grant Funding

## Section III: Notification of Responsibility

**NOTIFICATION OF RESPONSIBILITY:** I voluntarily agree to accept responsibility for all fiscal and reporting activities involved in managing the project(s) that I have indicated above (the "Project") at Oklahoma City Public Schools, including reimbursements denied due to improper procedure and/or documentation and travel requests/expenses not timely cancelled. I recognize that this acceptance may result in my school and/or department being assessed the cost of such denied expense/reimbursement requests. I further recognize that this acceptance may result in my being personally assessed the cost of travel reimbursements/expenses should I fail to timely cancel or abide by Oklahoma City Public Schools travel regulations. I also recognize that there are both foreseeable and unforeseeable risks of expense/reimbursement request denial depending upon the federal and state regulations as well as regulations of the funding agency and/or Oklahoma City Public Schools that cannot be specifically listed. I acknowledge that I am responsible for ensuring that fulfillment of my fiscal and reporting responsibilities is adequately documented and in compliance with the federal, state, funding agency, and Oklahoma City Public Schools regulations. I also acknowledge that it is my responsibility to check with the proper personnel if I have any questions regarding my compliance with all regulations and requirements. I further acknowledge that it is my responsibility to send a note of thanks (or equivalent) to all private or foundational funding agencies from whom I am awarded a grant. By signing this release, I hereby certify that I have read and fully understand the conditions herein provided.

Proposal Writer Signature		Date
Principal / Supervisor Signature		Date

## Section IV: Central Office Use Only – Please do not write in this section

Finance Representative's Signature and Title	Date Received
--	---------------

Denied or Approved	Reason for Denial
--------------------	-------------------

Reviewer's Notes

Other Relevant Chief Signature and Title	Date Received
--	---------------

Denied or Approved	Reason for Denial
--------------------	-------------------

For any questions, please contact: Audrey Fitzsimmons, Manager - Grant Writing, [awfitzsimmons@okcps.org](mailto:awfitzsimmons@okcps.org) or 405-587-0117