OCM BOCES Grant Project Proposal

Title of Grant:

Proposed Supervisor of Grant:

Contract Period:

Proposing Cabinet Member:

Date of Budget Review:

Budget Approval (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Superintendent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **How does this benefit BOCES?** |  |
| **How does this benefit school districts?** |  |
| **Are there personnel implications?** |  |
| **What expenses will or will not be grant supported? What general fund balance will be used for unsupported expenses?** |  |
| **Other Considerations?** |  |