**Maryland State Department of Education**

**Office of Grants Administration & Resource Development**

**Approval to Submit a Grant Application**

**Section One**

Competition Title:

Division:

Contact: Phone Number:

**Section Two**

Funding Source:

Total Funding Available:

Estimated Number of Awards:

Estimated Average Award/Range of Awards:

Is there a Match Requirement? Yes No

If yes, please explain:

Project Period: From To

Type of Competitive Grant (check one)

Corporate/Private

Grant-making Public Charity

Foundation

Federal Agency

Due Date:

Provide a brief Synopsis of the grant:

**Section Three**

**APROVAL PROCEDURE**

Competition Title:

Division:

Contact: Phone Number:

NOTE: Prior approval must be secured before grant proposals are submitted. Proposals will not be submitted without the following approvals:

Branch Chief Date

Financial Representative Date

Assistant State Superintendent Date

Deputy State Superintendent Date

State Superintendent Date

For final approval from the Grants Office, submit this form with a copy of the grant proposal at least five working days prior to the intended submission date.

Director of Grants Administration Date