



City of Brockton

School Department Grant Request Form

Department Information

Request Date: _____
 Requesting Department: _____
 Requester's Name: _____
 Fiscal Year: _____

Grant Details
 Grant Name:

Award Amount: _____
 Start Date (MM/DD/YYYY) _____
 End Date (MM/DD/YYYY) _____
 Grantor Type: _____
 (Federal, State, Local)
 Grantor ID: _____
 Federal CFDA: _____
 (Federal Grants Only. You must provide the CFDA)

Grantor Details
 Awarding Department: _____
 Contact Name: _____
 Phone: _____
 Email: _____

Account Creation Details
 Fund Code to Assign: _____
 Project Code to Assign: _____

Account Description (GEM\$)	Org Code/Obj Code Breakdown			Budgeted Amount
	Org Code	Obj Code	Project Code	
Total:			\$	-
Total must equal the award amount.				

For Auditing Department Use Only

Audit Staff Person Processing Grant Requests:

Date Processed: _____ Approval Signature: _____

Fund Code Assigned: _____ Date of Approval: _____