Parma City School District
New Grant/Crowdfunding Received Form

Date:

1. New Grant or Crowdfunding Project: Name:	
2. Grantor:	
3. Grant Award Amount:	
4. Grant Manager:	
5. School or Department:	
6. Grant Funding:	☐ New ☐ Single Year ☐ Continuation ☐ Multi-Year
7. Funding Period:	_____ _____ Starting Date Ending Date
8. Receipt of funds:	Funds will be received at beginning of grant _____ Funds will be received after grant completion _____ Invoice required _____ (All checks must be sent to the Treasurer's Office.)
9. Reporting Requirements	_____ _____ _____ Date Financial Report due Date Program Report Due No Report(s) Required (Choose one)

Submit this form along with a copy of grant application, award notification, check if received, to Grants Office, Central Office Room 108, Attn: Craig Blike.