

**GFFE Grants Assessment**

**Organization Leadership Approval**

\**Applicant: Please include completed approval form with application.*

| ***Please review each question as it relates to the grant application and your support.*** | **Please Check:** | | **Comments** |
| --- | --- | --- | --- |
| **Yes** | **No** |
| Does this grant application support the organization’s vision, mission, and priorities? |  |  |  |
| Does this grant application as written align with organization policies and procedures? |  |  |  |
| Does the application align with curricular goals and/or standards identified by the organization? |  |  |  |
| For Guilford Public School teacher applicants, does this grant application align with curricular goals and/or standards and support the nine guiding principles of learning, as established by GPS? |  |  |  |
| Beyond alignment, does this grant enhance the curriculum/goals of the organization in an innovative and impactful way? |  |  |  |
| For Guilford Public School teacher applicants, has the applicant collaborated with necessary personnel including:   * Kevin Mitchill (technology) * Cliff Gurnham (facilities), * Linda Trudeau (procurement) * GPS Department Chair   (e.g., fully vetted - model, price comparisons, etc.) |  |  |  |
| If proven successful, could this proposal be covered in the organization’s upcoming budget? |  |  |  |

Administrator Signature/Date: Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature/Date: Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_