

## COMMUNITY GRANTS | SCHOOL PRE-AUTHORIZATION FORM

Applicants partnering directly with a school district must submit this form to be considered for a grant by CFNIL. This includes applicants who are part of a school district, working on-site at a school, or using school/district resources to deliver this charitable activity.

Please print and complete both pages of this form and submit to the school district's superintendent's office for authorization. Once the school district has signed and returned the form, upload this document as a PDF to your online grant application within the School Pre-Authorization Forms section.

Applicants must give school district administrators at least one week's notice to review forms. This form <u>must</u> accompany your grant application to the Community Foundation of Northern Illinois.

## SUBMITTED BY:

Applicant Name		
Applicant Address		
Grant Coordinator Name		
	GC Email	
GRANT INFORMATION: Name of School/District		
School/District Contact	Phone	
Name of Project		
Project Start Date:	Project End Date:	
Request Amount:	Grant Deadline:	
Summary of Charitable Activity (Use	additional paper if necessary)	



What resources will the school district provide (e.g., transportation, staff, facilities, evaluation etc.) to implement the charitable activity described in the grant?

FOR SCHOOL DISTRIC	TUSE	
School District		
Received by		Date
Reviewed by		Date
Phone	Email	
RESOURCES		
YES, the school d	istrict has agreed to share the al	pove named resources with the applicant.
STATUS (choose the opt	ion that most closely represents	the relationship between the district and applicant)
	chool district has been actively i be actively involved with its im	involved in the planning of the charitable plementation.
	The school district supports the consources for its implementation.	lesign and goals of the charitable activity, but is
OTHER – Please of	lefine below.	
School District Commen	its:	