Albuquerque Public Schools APS Education Foundation – Grants Manager

GRANT CONCEPT FORM

PART II SIGNATURES PAGE

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PROPOSAL SUPPORT
(To be completed by Applicant) Associate Superintendent or Cabinet Member:
Signature & Date
PARTMENT SUPPORT: and/or other departments)
YES □ NO□
YES □ NO□
YES □ NO□
YES □ NO□
YES 🗆 NO 🗆
YES □ NO□
YES \(\sigma \) NO \(\sigma \)
YES □ NO□

To ensure alignment with District goals and strategic needs, the Grants Manager must review all grant concepts and will guide all concepts through final leadership approval. (Send Part II Signatures/Approval Page via interoffice mail to the Grants Manager, APS Education Foundation at 630E City Center or fax to 505-872-8861.)

Albuquerque Public Schools APS Education Foundation Grants Manager

GRANT CONCEPT FORM

FINAL R (To be con	EVIEW: upleted by the Grants Manager)	
□ Approv (For grant	v ed: t concepts more than \$5,000 and no impact on District resources	, staffing or departments)
Gr	ants Manager Signature & Date	
As.	sociate Superintendent/Cabinet Member Signature & Date	
□Recom	mendation for APS Cabinet Update:	
	t concepts that impact District resources, staffing and/or other de	epartments)
Gr	ants Manager Signature & Date	
As	sociate Superintendent/Cabinet Member:	
\overline{Sig}	gnature & Date	
	☐Recommendation for Approval:	
	Chief of Staff Signature & Date	_
	Final Approval:	
	Superintendent Signature & Date	

To ensure alignment with District goals and strategic needs, the Grants Manager must review all grant concepts and will guide all concepts through final leadership approval. (Send Part II Signatures/Approval Page via interoffice mail to the Grants Manager, APS Education Foundation at 630E City Center or fax to 505-872-8861.)