



**Maryland State Department of Education  
Grants Administration & Resource Development Office  
Approval to Submit Grant Proposals**

**Section One:**

Competition Title:

Division:

Contact:

Extension:

**Section Two:**

Funding Source:

Total Available Funding:

Estimated number of Awards:

Estimated Average Award/range of awards:

Is there a Match Requirement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Intended Project Period:

Type of competitive grant: (check one):

**Corporate/Private Foundation  
Grantmaking Public Charity  
Federal Agency**

Partners: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list.

Due Date:

Grant Synopsis:



**Section Three:**

**APPROVAL PROCEDURE**

Competition Title:

Division:

Contact:

Extension:

**All documents posted on the Department’s website must be ADA compliant.**

**Program contact must seek approval to submit a grant proposal from the following:**

_____	_____
Branch Chief	Date
_____	_____
Financial Representative	Date
_____	_____
Assistant State Superintendent	Date
_____	_____
Deputy State Superintendent	Date
_____	_____
State Superintendent	Date

For final approval from the Grants Office, submit this form with a copy of the Grant at least **five working days** prior to the intended submission date.

_____	_____
Director of Grants Administration	Date