



DOVER SHERBORN
EDUCATION FUND

DUE BY MAY 1st

GRANT EXTENSION REQUEST: This form must be submitted when completion of the grant is not possible by the end of the current school year and the recipient wishes DESF to consider rolling over the funds into the next school year. Please submit copies electronically of this form completed, to the DSEF co-presidents and treasurer. Link to email addresses can be found on the DSEF homepage under: Contact Us.

GRANT #

Date:

School:

Grade(s) Involved: K 1 2 3 4 5 6 7 8 9 10 11 12

Applicants:

Title of Original Grant:

Total Amount of Original Grant: \$

Total Amount Requested for Rollover: \$

(Provide breakdown on the next page if needed)

All sections of this report must be completed, and the request submitted by **April 30th** to be considered for an extension into the next school year.

Justification: Explain and justify why the extension request should be implemented.

Extension Budget: Our goal is to provide the funds to implement an exciting and well-executed program. Please provide the following information as accurately as possible.

- A) Leave Column C blank, if the budget approved originally has not been previously amended.
- B) Under Column D, indicate the amount of increase (+) or decrease (-) for the affected line items.
- C) Under Column E, indicate revised cumulative totals for all line items.

	Column A	Column B	Column C	Column D	Column E
Line Item	Original Approved Grant Amount	Grant Amount Spent	Approved Amended Budget (If Applicable)	Grant Extension Amount	Grant Revised Amount
Equipment					
Consumables					
External Consulting/ Professional Fees					
Expenses (provide details)					
Other (provide details)					
TOTAL REQUEST \$					
Explanation/Details:					

TO BE COMPLETED BY DSEF	ACTION TAKEN:
A) APPROVED _____	EFFECTIVE DATE OF APPROVAL: _____
B) DISAPPROVED _____	REASON FOR DISAPPROVAL: _____

_____ Signature of Authorized Representative	_____ Typed or Printed Name
_____ Title	_____ Date