



PASCO COUNTY SCHOOLS FUNDING OPPORTUNITY
APPLICATION PROCESSING/BOARD APPROVAL
CLICK [HERE](#) FOR INSTRUCTIONS

MIS Form #538

Rev. 04/25

OFFICIAL FUNDING OPPORTUNITY TITLE					
TYPE OF FUNDING OPPORTUNITY <i>(Check one, if "Other" provide description)</i>					
NON-COMPETITIVE		COMPETITIVE		AMENDMENT OTHER:	
FUNDING OPPORTUNITY AMOUNT <i>Board approval is required for all funding opportunities over \$5,000.</i>					
AMOUNT:		Check here if this opportunity is \$5,000 or greater .			
Select the Strategic Mission this funding opportunity addresses (multiple sections are allowed):					
Academic Achievement		Parent Engagement		Community Engagement	
Educator Development		School Safety & Well-Being		Career Connected Learning	
				Operational Excellence	
DEPARTMENT OR SCHOOL FILING THE FUNDING OPPORTUNITY APPLICATION					
FUNDING OPPORTUNITY CONTACT(S)					
CONTACT #1:			EMAIL:		
CONTACT #2:			EMAIL:		
REPORTING & MONITORING CONTACT(S)					
CONTACT #1:			EMAIL:		
CONTACT #2:			EMAIL:		
PURPOSE OF THE FUNDING OPPORTUNITY <i>(250 character or 2-line limit)</i>					
DESCRIPTION OF THE USE OF FUNDS <i>(900 character or 7-line limit)</i>					
BUDGET INFORMATION <i>(Enter 0 if no funds are allocated or required)</i>					
FEDERAL FUNDS	STATE FUNDS	MATCHING FUNDS*	IN KIND CONTRIBUTIONS*	OTHER FUNDS*	PROJECT TOTAL
*Provide a description of any "matching", "In kind contributions", or "other funds"					
POSITION INFO & OTHER ASSURANCES					
① Does this opportunity require a NEW or a Change in Position <i>(If No, move to question "②")</i>				YES	NO
IF YES, then the signature of the Chief of Staff required here: _____				Date:	_____
(Once awarded, it is the responsibility of the opportunity contact to submit MIS#545 to Position Control)					
Check here to confirm that the cost of computer and technology maintenance is included for any new positions in this opportunity budget.					
If this is a competitive opportunity, how will the position be sustained past the opportunity period?					

② Does this opportunity impact instructional/non-instructional wages, hours, or working conditions?				YES	NO
IF YES, then the signature of the Employee Relations Director is required here: _____				Date:	_____
③ If there are any print and/or digital resources/curriculum, confirm they are on the IASC/OTIS approval list. If not, please attach approval <i>(See the MIS538 Instruction Sheet for links to the approved list and approval process.)</i>				N/A	YES NO
APPROVALS					
PRINCIPAL/DIRECTOR:			DATE:		
GRANTS OFFICE:			DATE:		
FINANCE DEPARTMENT:		FIN #:		DATE:	
DEPUTY SUPERINTENDENT or CHIEF OF STAFF:			DATE:		
BOARD APPROVAL REQUIRED?			BOARD ACTION		
YES NO		APPROVED NOT APPROVED		DATE:	

FUNDING OPPORTUNITY AMENDMENT CHANGES

① Is there a change in the funding opportunity amount? If so, please indicate the amounts in the boxes below YES NO

ORIGINAL AMOUNT: AMENDMENT CHANGE: NEW FO AMOUNT:

② Provide details on the changes this amendment makes to the original application.

FUNDING OPPORTUNITY RENEWAL

Is this application a renewal of a non-competitive or competitive funding opportunity? YES NO

If Yes, please answer the following questions.

① For last year, please provide the total budget amount and the roll forward amount received (if applicable).

Total Budget: \$

Roll Forward: \$

② For this year, please provide the total budget amount and the anticipated roll forward amount received (if applicable).

Total Budget: \$

Anticipated Roll Forward: \$

③ Are any activities funded with last year's budget being discontinued? YES NO

If YES, Please provide information on the activities, projects, staffing, etc. that are affected?

④ Are there any new activities that are being added? YES NO

If YES, provide details on the activities, projects, staffing, etc. to be added and how it aligns with the district mission and initiatives?