



Grant Title

Grant Applicant or Team Leader (First & Last Name)

Email

Phone #

Campus

Grant Requested Amount

List of all Team Members (First & Last Names)

_____ **Project supports stated District Goals and Campus Action Plans**
(box to be checked and initialed by Principal)

Signature of Applicant or Team Leader

Date

Signature of Campus Principal

Date

***** Please submit Administration Approval Form with your Online Grant Application.
If application is approved, Deputy Superintendent will sign approval form
after electronic submission.**

Signature of Assistant Superintendent, Teaching & Learning

Date



**Check this box if your program requires technology support.
If so, you must be approved by the Technology Department.**

Please list technology needed to implement this project.
Include all devices, software, accessories (ie. cords, charging station, etc.):

Approved by Technology Director (Signature)

Date

**Check this box if your program requires outdoor supplies, equipment,
and/or labor. If so, you must be approved by the Maintenance Department.**

Please list materials needed to implement this project:

Check all that apply to your project:

- | | | |
|--|--|--|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Water (includes water feature) | <input type="checkbox"/> A structure | _____ |
| <input type="checkbox"/> Change drainage in area | <input type="checkbox"/> Requires fencing | _____ |

Approved by Maintenance Director (Signature)

Date