



Grant Title

Grant Applicant or Team Leader (First & Last Name)

Email

Phone #

Campus

Grant Requested Amount

Summary of Grant Request: _____

_____ **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.

Signature of Deputy 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