

EGUSD GRANT APPLICATION APPROVAL FORM

This internal approval form must be attached to a copy of **the final grant application** and signed by all District parties listed **before** submitting the application. Signatures must be gathered in order. Once you have collected all signatures, your application is approved for submission.

APPLICATION OVERVIEW

Applicant School Site or District Department: _____

Project Title: _____

Project Summary: _____

Funding Agency & Grant Program Name: _____

Amount Requested: _____ Application Deadline & Time: _____

In-kind or matching funds included in budget? YES NO If "yes", amount of match/in-kind: _____

Superintendent or authorized designee's signature required on application form(s)? YES NO

APPROVALS

PROJECT MANAGER

Name: _____ Title: _____ Site/Department: _____

Signature _____ Date: _____

SITE PRINCIPAL or DEPARTMENT DIRECTOR

Name: _____ Title: _____ Site/Department: _____

Signature _____ Date: _____

ASSISTANT/ASSOCIATE/DEPUTY SUPERINTENDENT or EXECUTIVE DIRECTOR

Name: _____ Title: _____ Division: _____

Signature _____ Date: _____

BUDGET MANAGER

Name: _____

Signature _____ Date: _____

CHIEF FINANCIAL OFFICER (authorized designee)

Name: Shannon Hayes

Signature _____ Date: _____

***SUPERINTENDENT** (if applicable; signature only collected if explicitly required by grant application)

Name: Christopher R. Hoffman

Signature _____ Date: _____