

Authorization to Apply for Grant Funds

School	
Applicant's Name	
Group to Benefit from Grant	
Name of Grant	

Purpose of Grant / Benefit to School and/or District	
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Name of Grant Organization	
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Grant Dates	From:		To:	
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Grant Amount Requested	
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Items / Services to be Purchased with Funds	
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Applicant's Signature

Date

Supervisor's Signature

Date

*******FOR CENTRAL OFFICE USE ONLY*******

_____ **Approved** _____ **Denied**

Superintendent's Signature

Date

Business Manager's Signature

Date