



**Turner USD Grant Approval Form**  
*To be submitted with Grant Application*

1. Person(s) Filing for Grant: \_\_\_\_\_

Application:

2. Building/Department: \_\_\_\_\_

☐ New

3. Phone Number: \_\_\_\_\_

☐ Renewal

4. Email: \_\_\_\_\_

☐ Continuation

5. Grant Title: \_\_\_\_\_

6. Granting Agency: \_\_\_\_\_

7. Grant Website: \_\_\_\_\_

8. Grant Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (start date)  
                          \_\_\_\_/\_\_\_\_/\_\_\_\_ (end date)

9. Grant Summary:

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10. Required Matching Fund:      ☐ Yes      ☐ No

If yes, list name of party agreeing to match funds and the amount required.

Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Additional Notes:

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***Required Signatures***

Building Principal Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor of Business Services: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Asst. Superintendent of Student Services: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Board of Education President: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_