

## GRANT PROJECT NAME: \_\_\_\_\_

## **APPLICANT INFORMATION**

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

Title/Position:\_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

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

## SIGNATURES:

By signing below, you are approving the project in the grant application named above.

Applications without proper signatures will NOT be processed. All signatures must be original. If an original signature is not possible, please send an email or written explanation and approval from the required signatory.

Applicant Signature (required)	
Applicant Name:	
Applicant signature:	Date:
Principal Signature (required)*	
As the Principal of my school site, I have reviewed	l this application and acknowledge that the
objective of this project is in alignment with our so permissions:	chool's site plan and has any necessary BUSD
School Principal Name:	
School Principal signature:	Date:
*(Signature guarantees approval from Fundraisin	ng Advisory Committee for any new or pilot program
For all Facility Upgrades**:	
BUSD Facility Director Name:	
BUSD Facility Director signature:	Date:
**(includes any electrical and/or structural upgro	ades to school classrooms, auditoriums or anywhe
where students gather)	