

**Henry County Public Schools
Grant Approval Form**

Grant Concept Approval Form prepared/submitted by:

First/Last Name	School	Date
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Project Director: _____

Name (if different from above)	Signature	Date
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PROJECT OVERVIEW

Project Title: _____

Funding Agency: _____

Program Name: _____

Grant Application Deadline: _____

Anticipated Project Start and End Dates: _____

Grant Amount: \$ _____ Match Amount: \$ _____

Project Description: _____

REQUIRED APPROVALS

Board Chairperson

Superintendent

Principal

Finance Officer