

DISCRETIONARY GRANTS WRITING/SUBMISSION/APPROVAL

GRANT REVIEW FORM

PROPOSED GRANT _____

FUNDING SOURCE _____

Brief Description of Proposed Grant: _____

Amount of Proposed Grant: _____

Match Required? _____ YES _____ NO

If match is required, please indicate the amount or percentage: _____

The proposed grant was reviewed by the following:

External Funding Coordinator _____ Date

Principal or Department Head _____ Date

Executive Director of Financial Services _____ Date

Superintendent of Schools _____ Date

Proposed Grant Approved/Rejected by CISD Board of Trustees on: _____
Date