



# Grant Application Signature Page

***\*all signatures required unless noted\****

*\*If more than one building is involved, please have each building administrator sign this page.\**

**By signing this document, all parties confirm that the proposed project/program adheres to CRSD curriculum.**

---

**Name of Grant Project** \_\_\_\_\_

**Applicant(s) Name** \_\_\_\_\_ **Applicant(s) Signature** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**District Curriculum Coordinator Name** \_\_\_\_\_ **District Curriculum Coordinator Signature** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Building Administrator Name** \_\_\_\_\_ **Building Administrator Signature** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IT Director Name (if applicable)** \_\_\_\_\_ **IT Director Signature (if applicable)** \_\_\_\_\_

\_\_\_\_\_

**Dir. of Business Administration Name (if applicable)** \_\_\_\_\_ **Dir. of Business Administration Signature (if applicable)** \_\_\_\_\_

\_\_\_\_\_

**Date submitted** \_\_\_\_\_