



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

Dir. of Business Administration Signature

Date submitted _____