

### GRANT REVIEW FORM

This form, complete with signatures, must accompany any grant that is submitted to the Office of the Superintendent for signature. A minimum of three (3) days advance notice for this review and signature is required. In order to meet the critical deadlines for the final submission of this document, personal delivery and pick-up of the packet to and from the Administration Office is preferred. Thank you for your dedication, hard work and cooperation.

Name of Grant & Brief Summary Purpose:

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Funding Source:

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Grant Amount Requested: \$ \_\_\_\_\_

District Matching Funds: \$ \_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
CISD Grant Writer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal of Campus submitting grant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date