



Classroom Engagement Grants
Fall 2022 Grant Application - Signature Page

Section 1

Grant Title _____

Name of Grant Coordinator _____ **Signature _____

Campus of Grant Coordinator _____ Grant Coordinator Contact # _____

**Grant Coordinator acknowledges an evaluation form must be completed within one calendar year from receiving funds to be eligible to apply for future grant funding. Awarded grants will receive an evaluation to complete.

Table with 3 columns: Name of other Applicant(s)**, Signature of Applicant(s), Campus. Includes three rows of blank lines for data entry.

Campus #1 : _____

Principal / Supervisor Signature: _____ Date: _____

Campus Technologist Signature: _____ Date: _____
(only required if technology items will be purchased)

Campus #2 : _____

Principal / Supervisor Signature: _____ Date: _____

Campus Technologist Signature: _____ Date: _____
(only required if technology items will be purchased)

Campus #3 : _____

Principal / Supervisor Signature: _____ Date: _____

Campus Technologist Signature: _____ Date: _____
(only required if technology items will be purchased)

Amount of requested funds: \$ _____

I approve the application and the amount of requested funds.

Principal / Supervisor Signature: _____ Date: _____