

**CADDO PARISH PUBLIC SCHOOLS
Grant Approval Form**

School/Dept. _____

Contact Person(s) _____

Phone _____ Email Address _____

Funding Source: Please check appropriate source for project
 8(g) Comp Federal Other

If "Other," please list name of funding source and deadline: _____

Estimated Cost of Project: _____ Deadline Date: _____

Grade(s) and number of participants for project: _____

Project Description: (What do you want to do?) _____

Statement of Need: (Why is this project needed?) _____

Evaluation Procedure: (How will you measure achievement of project?) _____

Potential for Improvement: (What benefits are expected?) _____

Technology Requirements: (Will any technology be purchased? If so, list. Attach pages if necessary.)

Comments: _____

Principal/Administrator Signature

Date

FOR CENTRAL OFFICE USE BELOW THIS LINE

Grant-writer/Manager	Approved	_____	Not Approved	_____	Initials
Info. Technology Dir.	Approved	_____	Not Approved	_____	Initials
Area Director	Approved	_____	Not Approved	_____	Initials
Chief Academic Officer	Approved	_____	Not Approved	_____	Initials

Comments: