

SUPERVISOR APPROVAL FORM

APPLICANT INFORMATION

Date: _____

Name: _____

School(s) or Department for project: _____

Amount estimated to be requested: _____ \$

Summary of project:

DOES YOUR APPLICATION INCLUDE ANY OF THE FOLLOWING? IF SO, PLEASE CHECK ALL AND RESPOND TO ALL THAT APPLY.

<input type="checkbox"/>	NOT APPLICABLE
<input type="checkbox"/>	Personnel: Explain how personnel cost will be above your contracted time. If personnel cost is not for an FPS staff member, expand how personnel cost will be utilized.
<input type="checkbox"/>	Professional Development: Explain how training is an integral part of the project, can be used to train other teachers and is outside of the district/department/building budget.
<input type="checkbox"/>	Explain repairs or modifications to indoor or outdoor spaces. <i>Please be aware that capital improvement, repairs, and modifications to indoor or outdoor spaces require FPS Maintenance Department approval.</i>

SUPERVISOR INFORMATION

In signing this document, the authorized personnel (i.e. the Fayetteville School District Administrator, Supervisor and/or Principal) and the applicant certifies that the grant proposal will not interfere with the established curriculum, budget, or policies of the Fayetteville School District.

PRINT the name of the Fayetteville School District Administrator, Supervisor and/or Principal authorizing this project.

TITLE of the Fayetteville School District Administrator, Supervisor and/or Principal authorizing this project.

SIGNATURE of the Fayetteville School District Administrator, Supervisor and/or Principal authorizing this project.