

CCEF IMPACT GRANT ACKNOWLEDGEMENT FORM



I acknowledge that the funds received from this grant application (if awarded) will be used for the benefit of Cherokee County School District students as indicated herein. As part of the process, I will fill out and submit a Grant Evaluation Form for review of my program and submit to CCEF. I acknowledge that this grant has been reviewed and received the required signature from the appropriate person (principal, lead, department head, etc.).

Applicant(s) Signature

Date

I acknowledge that I have reviewed and are aware of his/her project and it reflects the Cherokee County School District's Major System Priorities and/or the School Improvement Plan. I will provide the support necessary to allow the project to take place in a timely fashion.

Principal, Lead, Department Head, etc. Signature

Date

TECHNOLOGY:

APPROVED AS PRESENTED APPROVED WITH ATTACHED CHANGES DENIED

Signature

Date

CURRICULUM & INSTRUCTION:

APPROVED AS PRESENTED APPROVED WITH ATTACHED CHANGES DENIED

Signature

Date