

**FRUITVALE INDEPENDENT SCHOOL DISTRICT  
GRANT AUTHORIZATION FORM**

**Name of Grant:** \_\_\_\_\_

**Description of Grant:** \_\_\_\_\_

**Amount of Grant:** \_\_\_\_\_

**Grant Requirements:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Applying for Grant:** \_\_\_\_\_

**How will Grant benefit the students/classroom/campus?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I understand that anything purchased with this grant will be the property of Fruitvale ISD. All funds will be deposited to Fruitvale ISD and expenditures will go through the normal purchasing procedures and require a purchase order before being expended.

**Signature of Applicant:** \_\_\_\_\_

**Approval of Principal:** \_\_\_\_\_

**Approval of Business Manager:** \_\_\_\_\_

**Approval of Superintendent:** \_\_\_\_\_