

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

**PRINCIPAL/ADMINISTRATOR GRANT SUBMISSION APPROVAL**  
*(Mandatory - The School Principal or Department Administrator MUST approve ALL Grant Submissions.)*

Instructions: Complete this form by entering the required information into all fields of the following tables. Return this form with the completed application/proposal to: Grants Management Department, 1200 Vermont Avenue, Saint Cloud, Florida 34769; Phone: 407-870-4934; Fax: 407-870-4935.

<b>Applicant, Project, and Grant Details:</b>	
<i>Applicant Name:</i>	
<i>Applicant School/Department:</i>	
<i>Project Title:</i>	
<i>Funding Agency/Program:</i>	
<i>Requested Amount:</i>	
<i>Development Team/ Collaborative Partner(s):</i>	

<b>Applicant Agreements:</b>			
<ul style="list-style-type: none"> <li>• I understand that it is my responsibility to apprise the administrator of the project details and obtain approval (and direction) prior to beginning application development efforts.</li> <li>• I agree to comply with all reporting requirements of Grant Management and/or the funding agency.</li> <li>• I know that grant money and/or products purchased using grant money are the property of the department/school, and I cannot take these items if I move within or leave the District.</li> </ul>			
<i>Applicant Name</i>	<i>Title</i>	<i>Applicant Signature</i>	<i>Date</i>

<b>Administrator Agreements:</b>		
<ul style="list-style-type: none"> <li>• I fully understand the details of this project (and my role in it) and approve of its submission.</li> </ul>		
<i>Principal/Administrator Name</i>	<i>Principal/Administrator Signature</i>	<i>Date</i>