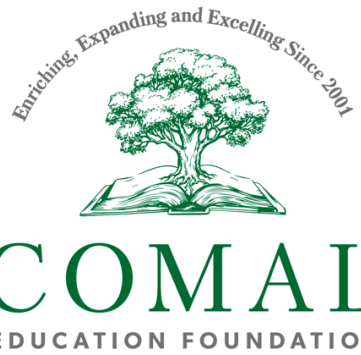

Grant Application
Principal Approval Form

**If applicant is a Support Services employee, then approval must be given by department Supervisor.*

I,_____, have reviewed the completed grant application
Principal Name
submitted by _____. I approve the educational program for which
Teacher/Staff Name
he/she is applying for is in alignment with both Comal Education Foundation's mission to "enrich learning and expand educational opportunities so all students and excel" and Comal ISD's strategic initiatives in the areas of academic performance, classrooms and facilities, choice, and the development of talent. I fully support this project or program including all supplies or equipment needed, travel and extra duty where applicable, project timeline and prospective outcomes and processes.

I agree that the program for which he/she is applying for will adhere to and be implemented by following all Comal ISD business and accounting policies, procedures, and guidelines.

_____
Signature

_____
Campus (Department if Support Services)

_____
Date

Revised 07/2021