

Principal Grant Review and Approval Form

Dear Principal:

In order to ensure that grants being submitted to the San Marcos Education Foundation from professionals on your campus have been carefully reviewed and approved by you, we ask that you complete this form and give it to the applicant(s) to include as part of their application packet.

Grant Name: _____

Check one: () Individual () Team () Campus-Based

Chairperson for Individual/TEAM _____

**Please note: Principal serves as chairperson of all Campus-Based Grants*

Campus Submitting Grant: _____

- | | | | |
|----|--|-----|----|
| 1) | Do you consider this program/project to be creative and innovative? | Yes | No |
| 2) | Are you aware of any similar program/projects being conducted on your campus or at any other location in the district? If yes, please describe: _____
_____ | Yes | No |
| 3) | Is this program/project feasible as described to you on how it will be implemented? | Yes | No |
| 4) | Is this an important program/project in terms of the objectives it proposes to meet? | Yes | No |
| 5) | Are you aware of other resources of funding available for this project? If so, please identify the resources: _____
_____ | Yes | No |
| 6. | Are any materials requested already available on your campus? If so, please list: _____
_____ | Yes | No |
| 7. | I have discussed the above recommendations with the grant applicant(s). | Yes | No |

I recommend the funding of this grant.

Signature of Principal

Date signed