



**Turner USD Grant Approval Form**  
*To be submitted with Grant Application*

1. Person(s) Filing for Grant: Jesse Smallwood  
2. Building/Department: THS  
3. Phone Number: 913-626-7393  
4. Email: smallwoodj@turnerusd202.org  
5. Grant Title: Turner Baseball Fundraising  
6. Granting Agency: \_\_\_\_\_  
7. Grant Website: \_\_\_\_\_

Application:

- New  
 Renewal  
 Continuation

8. Grant Period:     /     /     (start date)  
    /     /     (end date)

9. Grant Summary:  
Turner Baseball Fundraising Check  
- \$3,500 -  
\_\_\_\_\_  
\_\_\_\_\_

10. Required Matching Fund:  Yes  No

If yes, list name of party agreeing to match funds and the amount required.

Name: \_\_\_\_\_  
Amount: \_\_\_\_\_

Additional Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Required Signatures</b>	
Building Principal Signature: <u></u>	Date: <u>01 / 11 / 23</u>
Applicant Signature: <u></u>	Date: <u>01 / 11 / 23</u>
Supervisor of Business Services: _____	Date: <u>   </u> / <u>   </u> / <u>   </u>
Asst. Superintendent of Student Services: _____	Date: <u>   </u> / <u>   </u> / <u>23</u>
Board of Education President: _____	Date: <u>   </u> / <u>   </u> / <u>23</u>