



Turner USD Grant Approval Form
To be submitted with Grant Application

1. Person(s) Filing for Grant: Sanger, Elijha
2. Building/Department: THS
3. Phone Number: 913-288-3398
4. Email: sangere@turnerusd202.org
5. Grant Title: Parts Donation
6. Granting Agency: Legends Honda
7. Grant Website: https://www.legendshonda.com/

Application:

- New
 Renewal
 Continuation

8. Grant Period: 4 / 19 / 24 (start date)
4 / 19 / 24 (end date)

9. Grant Summary:

Legends Honda has an over stock of parts and would like to donate to the Auto Shop

10. Required Matching Fund: Yes No


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

Name: _____

Amount: _____

Additional Notes:

Required Signatures

Building Principal Signature:  Date: / /

Applicant Signature:  Date: 4 / 19 / 24

Supervisor of Business Services: _____ Date: / /

Asst. Superintendent of Student Services: _____ Date: / /

Board of Education President: _____ Date: / /