



Turner USD Grant Approval Form
To be submitted with Grant Application

1. Person(s) Filing for Grant: Wes Lewis
2. Building/Department: THS Band
3. Phone Number: 913-288-3365
4. Email: lewisw@turnerusd202.org
5. Grant Title: Employee Donation Program
6. Granting Agency: Holman
7. Grant Website: _____

Application:

- New
 Renewal
 Continuation

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

9. Grant Summary:

This is a donation from Holman to the THS Band Program for \$1,000 and it will be used to provide meals for our students during our summer pre-season band camp.

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: [Signature] Date: 11/18/24

Applicant Signature: [Signature] Date: 11/19/24

Supervisor of Business Services: [Signature: Kristen Woodbury] Date: 11/19/24

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

Board of Education President: _____ Date ___/___/___