



Turner USD Grant Approval Form
To be submitted with Grant Application

1. Person(s) Filing for Grant: Jeremy Gibson
2. Building/Department: _____
3. Phone Number: 785 430.8478
4. Email: gibsonj@turnerusd202.org
5. Grant Title: Thomas R. Brown Athletics grant
6. Granting Agency: California Casualty
7. Grant Website: www.calcas.com

Application:
 New
 Renewal
 Continuation

8. Grant Period: 1 / 15 / 25 (start date)
 5 / 25 / 25 (end date)

9. Grant Summary:
The Thomas R. Brown Athletics grant is designed to help provide support for reduced budgets.
In this instance, the budget hasn't been reduced but spread thinner with dual programs under the same budget line.


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: <u></u>	Date: <u>11 / 19 / 24</u>
Applicant Signature: _____	Date: <u> / / </u>
Supervisor of Business Services: _____	Date: <u> / / </u>
Asst. Superintendent of Student Services: _____	Date: <u> / / </u>
Board of Education President: _____	Date: <u> / / </u>