



**PASCO COUNTY SCHOOLS
GRANT PROCESSING/BOARD APPROVAL
SUMMARY SIGNATURE**

MIS Form #538
Rev. 8/11

Official Title _____

Local Title (if used) _____

___ Entitlement Grant ___ Competitive Grant ___ Grant Amendment ___ Board Approval Required

Grant Contact(s) _____

Department(s)/School(s) _____

Purpose _____

Description _____

Budget Information

FEDERAL FUNDS	STATE FUNDS	GENERAL REVENUE FUNDS	*MATCHING GRANT FUNDS	*IN KIND CONTRIBUTIONS	*OTHER FUNDS	TOTAL PROJECT

*Describe matching grant funds, in-kind contributions or other funds _____

Signatures:		FIN # _____
Principal/Supervisor _____		
Director _____	Finance Department _____	
Human Resources Department _____	Senior Grant Writer _____	
<input type="checkbox"/> New Position/Changed Position (attach MIS Form #545) <input type="checkbox"/> Continued Position (attach list)		
<input type="checkbox"/> New Job Description Required Describe _____		
Assistant Superintendent _____	Date _____	
BOARD ACTION: ___ APPROVED ___ NOT APPROVED Date _____		