

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



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

**Signatures:**

FIN #

Principal/Supervisor

Director Finance Department

Human Resources Department Research Department

New Position/Changed Position (attach MIS Form #545) Continued Position (attach list)

New Job Description Required

Describe

Assistant Superintendent Date

**BOARD ACTION: APPROVED NOT APPROVED** Date