

**Red River Parish School Board
Grant Permission Form**

Date: _____

School Site: _____

Name of Grant: _____

Grant Source: _____

Program Manager: _____

Personnel Directly Responsible for Implementing Grant:

Amount of Grant: _____

Target Population: _____

Purpose of Grant: _____

Abstract:

Principal's Signature

Date

Grant Writer's Signature

Date

Parish Grant Contact Person

Date

Superintendent's Signature

Date

___ Approved ___ Not Approved

Comments: