



Athens City Schools Foundation 2019 - 2020 Teacher Grant Statement of Support

I have studied the following proposal and believe it to be an appropriate undertaking for this school and the target audience. I affirm that it is my responsibility as teacher/administrator to oversee and assist in successful completion of this project as described in the attached proposal if funds are awarded.

I understand that grant monies are to be expended within the designated school year as submitted within this application. I will do everything necessary to see that the full benefits of this project will be considered an integral part of the education mission of this school.

I understand that if my teaching assignment for the school year is different from my present assignment I will inform the Foundation immediately for approval to implement the project.

I understand that amendments to my grant request must be submitted in writing to the Foundation prior to disbursement of funds for approval to implement the project.

I will also cooperate and assist in the evaluation process so this project can be referred to for application in other settings within this school (and other schools) in the future.

By affixing my signature, I agree to the terms set forth by the Athens City Schools Foundation and certify the following:

1. This proposal has been developed according to the guidelines for the Athens City Schools Foundation.
2. I grant to the Foundation the right to use this proposal and the results in this project, if funded, for public information or to help other educators.
3. The grant participant will submit an expense report with receipts and a project evaluation by **June 1, 2020**.

Principal's Signature: _____

Teacher Name (PLEASE PRINT): _____ School: _____

Project Name/Title(Required) : _____

Teacher(s) Printed Name(s) & Signature(s):

PRINTED NAME

SIGNATURE

PRINTED NAME

SIGNATURE

PRINTED NAME

SIGNATURE

PRINTED NAME

SIGNATURE

PRINTED NAME

SIGNATURE