

**A GIFT FOR THE FINE ARTS GRANT APPLICATION SIGNATURE PAGE**

Urbana School District #116 Elementary Fine Arts Grant Program

**PLEASE RETURN THIS SIGNATURE PAGE WITH YOUR PROPOSAL - THIS IS REQUIRED**

Photocopies of this page ARE ACCEPTABLE

Proposal Title \_\_\_\_\_

**Lead Teacher Signature**

Lead Teacher (print) \_\_\_\_\_ School \_\_\_\_\_

Lead Teacher (signature) \_\_\_\_\_

**Collaborating Teacher Signature(s)**

**All collaborating teachers involved must sign this proposal, please provide an additional sheet for signatures if necessary.**

Teacher 1 (print) \_\_\_\_\_ School \_\_\_\_\_

Teacher 1 (signature) \_\_\_\_\_

Teacher 2 (print) \_\_\_\_\_ School \_\_\_\_\_

Teacher 2 (signature) \_\_\_\_\_

Teacher 3 (print) \_\_\_\_\_ School \_\_\_\_\_

Teacher 3 (signature) \_\_\_\_\_

Teacher 4 (print) \_\_\_\_\_ School \_\_\_\_\_

Teacher 4 (signature) \_\_\_\_\_

**District Signature**

**Urbana School District #116 Superintendent or Designee**

Name (print) \_\_\_\_\_

(signature) \_\_\_\_\_

***Please read and sign:***

***If I receive funding for this proposal, I agree to provide all reports as required and to possibly provide a short future presentation describing the implementation of this proposal upon the Foundation's request. In addition, by accepting funding, I agree that this project concept may be shared with other educators in the future.***

**Lead Teacher Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

Return this form with your application (one copy).  
Champaign Urbana Schools Foundation  
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Email: [info@cuschoolsfoundation.org](mailto:info@cuschoolsfoundation.org)  
In person: 32 E. Springfield Ave., Champaign  
If you have questions, call 217-398-2873.