



Cedar Hill Independent School District

Private Grant Budget Request

This form must be completed by the employee responsible for administering the grant and ensuring compliance with the grant guidelines.

Employee Name: _____ Campus or Department: _____

Grantor Company: _____ Grantor Phone: _____

Grantor Contact: _____ Grantor Email: _____

Project Name: _____

Beginning Date: _____ Ending Date: _____

Please choose one: _____ New Funding or _____ Additional Funding

Please choose one: _____ Reimbursing Grant or _____ Advancing Grant

Account Code	Budget Amount
(Total Budget Should Equal Grant Amount) Total	

Documentation required before budget will be established:

- Grant Application
- Notice of Grant Award

I certify that all information submitted is correct and I will ensure compliance with the grant guidelines.

Employee Signature (Grant Administrator) Printed Name Date

Supervisor Signature (Principal or Director) Printed Name Date