

OFFICE OF LARRY E. REIDER
KERN COUNTY SUPERINTENDENT OF SCHOOLS

Grant Support Certification Form*

Name of Grant: _____ Due Date: _____

1. I have reviewed the application and provided any assistance that I can offer.

Grant Development Director

Date

2. I have reviewed the completed application and have checked the program items of this project for any assistance that I can offer.

Program Director

Date

3. I have reviewed this project for content and compliance with regulations.

Division Administrator

Date

OR

Assistant Superintendent

Date

4. I have reviewed the application and verified that the budget information is complete and compatible with current budget procedures.

Director, Budgets & Purchasing

Date

Funds will be routed through the following:

Please check one-

_____ Foundation (501c3) _____ (Name of Foundation)

_____ KCSOS

*If time sensitive, emails can be used in lieu of signatures. Direct emails to Sarah Baron at sabaron@kern.org. Please call 636-4374 for questions or assistance.