

COMPETITIVE GRANT REPORT
ALPINE SCHOOL DISTRICT

FY 20 _____

School _____

Grant Title _____

Department _____

Instructor _____

Item(s) of equipment proposed by the grant:

School Certification:

I hereby certify that the following piece(s) of equipment were/was purchased as outlined in the Alpine School District Competitive Grant Application for funds provided this Fiscal Year. (Please include Make, Model, etc.) If computers, show brand, platform, number of stations, and what each station includes (Monitor, Keyboard, Computer, etc.).

Please include a report of how the objectives outlined in your grant application are being met.

*** Use the back or attach a separate sheet if necessary ***

CTE Coordinator Signature _____

Instructor Signature _____