



Applicant Name Brooke Kuchner

School PAL Subject/Grade Health/PE 9-12

### Signature Form

#### I UNDERSTAND and AGREE TO THE FOLLOWING:

- This project does not displace, replace or supplant programs funded through the District.
- Funds must be used within one year from date of award unless prior approval is obtained from HEF.
- HEF will not reimburse any costs of the project above the grant award nor pay for those costs/items not included in the proposed budget.
- I will submit a written evaluation, project findings and budget summary within one month of completion of the project.
- HEF has the right to use this project, if funded, for public information purposes or to help other educators.

Applicant Signature *Brooke Kuchner* Date 3/26/26

SCHOOL PRINCIPAL	
I have reviewed & approved this application. <input checked="" type="checkbox"/>	
Principal Signature <u><i>mg</i></u>	Date <u>3/26/26</u>

Projects which require any facilities adjustment (wiring, irrigation, leveling) or technological support (software security agreement, device maintenance) require the additional signature of either the Facilities Director or the Director of Educational Technology.

Facilities Director \_\_\_\_\_ Date \_\_\_\_\_

Educational Technology Director \_\_\_\_\_ Date \_\_\_\_\_