

## PRINCIPAL'S COMMENT FORM

Please complete and then email this form to the BEF Allocations Committee at <u>barredfdn@gmail.com</u> by *Friday, January 18, 2019*.

I. GRANT REQUEST	
Applicant(s):	Date:
School:	
Project Name:	
II. GRANT FEEDBACK	
Please check YES or NO for each item. Comments are encouraged but not required.	
YN The project supports the curr district.	iculum goals of the Barrington Public Schools
YN The project supports the curr	iculum goals of our school.
We may contact you for a meeting to gain additional perspective on the grants submitted from your school as part of our allocations review process.	
Principal's Name	
Principal's Signature	Date