

## **Grant Request Form**

This form must be completed in order for the PTSA Board of Directors to consider funding an item, program, or activity. If you are a staff member or group of staff members, use this form after requesting funding directly from the school and/or district. Grant requests will be reviewed by the PTSA Board at scheduled monthly meetings. To be considered for review in any given month, please submit the requested information by the 15<sup>th</sup> day of the preceding month.

Submit the completed form and any attachments to the Principal for signature. The signed form can then be submitted by either you or the Principal. You may be asked to deliver information in person.

## **GENERAL GRANT INFORMATION**

Submitted by:	Email:	
Date Submitted:	Total Amount Requested: \$(Include ALL costs, including shipping, tax, etc.)	
Name of Item/Program/Activity:		
Group of children impacted and numbe	r of students/families benefitting:	
Principal's Signature:		
	Explain the goals and relationship to curriculum. What	
problem(s) is being addressed? How will	students benefit? How will it be implement	
COUGAR MOUNTAIN MIDDLE SCHOOL PTSA	GRANT REQUEST F	ORM

<b>Budget:</b> Specify and itemize the funding request and describe what the funds will be used for and for what period of time. List any other funding sources (student paid, district funds, other grants, etc) and expected value. (Feel free to attach a separate sheet)
Other Information: Include contact and referrals where the program has been successfully mplemented. Describe how success will be measured and communicated to the PTSA. How will you communicate to parents that this was made possible due to the PTSA?
PTSA USE: Circle One: APPROVED DENIED
Date Request Received: Approved/Denied Date:
Reason for Denial or Conditions of Approval:
Date Funds Granted to ISD:Amount Granted to ISD: