



COUGAR MOUNTAIN MIDDLE SCHOOL PTSA

Grant Request Form

This form must be completed in order for the CMMS 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 request will be reviewed at the scheduled Executive Board meeting and voted at the General Membership meeting.

Grant Application Deadline:

CMMS PTSA GMM Vote:

FALL: October 2024	November 2024
WINTER: January 2025	February 2025
SPRING: March 2025	April 2025

Please complete the following information:

Name of Applicant: _____ Email: _____

Cash Grant Request Amount: \$ _____ Date: _____
(Please include tax and shipping in your total amount)

Grade Level or All School (that applies to the grant request): _____

Department and Subject: _____

Number of Students Grant Item(s) will be used for: _____

Are you a member of CMMS PTSA? _____

1. Project Summary (Provide describing how the cash funds requested will be used)

2. Project Goals/Benefits/Success (What are the goals of this project? What activities will this project benefit? How will you measure the success of this project?)



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3. Project Timeline (How long will this project take? How long will it last?)

4. Project Detail (Provide a description how the cash funds requested will be used, what part of the student population will benefit and how this project will encourage continuous improvement in education in our school).

5. Is this a one-time expenditure? If not, how will it be funded in future years?

6. Other Information: (Include contact and referrals where the program has been successfully implemented. 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?)

7. What other organizations have you or will you apply to for funding?

8. What is your plan if PTSA cannot fund this project? Can adjustments be made?



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PRINCIPLE APPROVAL:

Signature: _____ Date: _____

PTSA USE: Circle One: APPROVED DENIED

Date Request Received: _____ Approved/Denied Date: _____

Reason for Denial or Conditions of Approval: _____

Thank you for being a dedicated staff at CMMS!