**Instructions:**

* Please fill out this form completely
* Submit form to the Puesta del Sol Principal for signature
* After Principal approval, Email this form to [schoolrelations@puestadelsolpta.org](mailto:schoolrelations@puestadelsolpta.org) or place form in the PTA cupboard in the folder named “grant request”
* Grant requests will be reviewed at the subsequent Board meeting.
* A signed approval or disapproval will return to you within 5 business days of a board meeting.
* Upon approval of grant. Please submit purchase request to the office manager with a copy of the approved grant. Office may make the purchase for PTA to reimburse.
* Grant deadline for the current school-year is 1 week prior to the April Board meeting.

**Grant Request**

**Submitter Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Name: | * Teacher | * Staff | | * Parent |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Type of Request:**

|  |  |
| --- | --- |
| * Material or Equipment | * Service or Program |
| * Off Campus Experience | * On-Campus Experience |
| * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Describe the request and the needs that will be met upon approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Purpose and Scope (Check all that apply)

|  |  |  |
| --- | --- | --- |
| * For Students | * For Teachers | One time ask? Yes/No |
| * For Staff | * For Building | Is there an alternate funding source? Yes/No |
| * For Grade(s): \_\_\_\_\_\_\_\_\_\_\_\_\_ | * For Classroom: \_\_\_\_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |
| --- | --- |
| Charge Description | Amount |
|  |  |
| Field trip / Service / Materials or Equipment / Program / Other | $ |
|  |  |
| Shipping/Handling | $ |
|  |  |
| Tax | $ |
|  |  |
| Total Requested | $ |
|  |  |

|  |  |  |
| --- | --- | --- |
| * Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ | | |
| For PTA use: | Approved: Yes/No | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |