



Staff Funding Request 2020 – 2021

Clark Elementary PTA
335 1st Avenue SE
Issaquah, WA 98027
www.clarkpta.org

The Clark PTA is pleased to offer grade level grants, technology/subscriptions grant, and special funding requests. **This form must be completed for the PTA Board of Directors to recommend funding an item/program/activity. Do not spend requested money prior to approval.** Applications will be reviewed in a 4-step process:

1. **Submit this form to the principal by 12/18/2020.** The principal will approve and forward the approved request to the Board President.
2. PTA Board of Directors will review request and vote at following board meeting.
3. PTA Secretary will notify party of vote result following the meeting.
4. After approval, staff member submits invoice or receipts to PTA for reimbursement.

Please submit a different form for each program or activity. All reimbursement requests must be received before May 15th.

General Information

Type of Request:

Grade Level Grant Special Funding Request Technology / Subscription Grant

Name(s) of Applicant(s):	
E-mail:	
Grade Level or Program Position:	
Request Amount:	\$
Date Submitted:	

Project Information: Provide a *brief* description of the request. (i.e. What need will the funds satisfy? What is the end goal? How will students benefit? etc.) If the project will need further funding or materials to complete, include that information. Use additional pages if necessary.



Staff Funding Request

2020 – 2021

Clark Elementary PTA
335 1st Avenue SE
Issaquah, WA 98027
www.clarkpta.org

Cost: Provide complete, researched budget information. You may attach copies of catalog pages, internet sites or flyers. List any other funding sources and their expected values. Attach additional pages to share more information.

Item (s)	QTY (if applicable)	Amount
	Shipping (if applicable)	
	Tax (Washington State requires tax on all items for schools)	
	Total Cost	

Applicant(s) Signatures:	
Principal's Signature:	
Principal Comments:	

Date Request Received: _____	Approved OR Denied Date: _____
Reason for Denial or Conditions of Approval: _____	
Date Funds Granted to Clark Elm/ISD: _____	Amount Granted to Clark Elm/ISD: _____ Check #: _____