



SPECIAL FUNDING REQUESTS APPLICATION 2011-2012

In support of our staff and their efforts to provide a rich variety of educational experiences, the Clark PTA is pleased to offer \$2,000 for special funding requests. Any staff member can apply.

Some criteria used for approval are: How many students will it benefit?, What's the educational impact?, Does it support the PTA mission?

This form must be completed in order for the PTA Board of Directors to recommend funding an item/program/activity. Applications will be reviewed by the PTA at Board meetings during the school year. Forms should be submitted by the 15th of the month prior to the meeting. Submit the completed form and any attachments to the school Principal for approval. The Principal will forward the approved form to the PTA. Please submit a different form for each program or activity.

PLEASE complete the following information:

General Information:

Name of Applicant:

Phone and Email:

Grade(s) that applies to this grant request:

Request Amount: \$

Date Submitted:

Project Summary: Provide a three-line summary describing the program.

Project Detail: Discuss the goals of the project and its relationship to curriculum. How will students benefit and what activities, materials and methods will be used to implement the project?

Budget: Provide a complete, thoroughly researched and documented budget. You may include photocopies of catalog pages, internet sites or flyers. **Please be sure to include shipping/handling charges and tax in your budget.** (Washington State requires **tax on all orders** for schools – regardless of tax assessed by the seller). List any other funding sources (student paid portion, district funds, other grants) and expected value.

Description of Item(s)	<u>QTY</u>	Amount
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- 1.
- 2.

Shipping (shipping is taxed)

Taxes (WA State Tax applies – even if shipper doesn't require it)

TOTAL REQUESTED AMOUNT

Other Budget Info:

Applicant Signature: _____

Principal's Signature: _____

Principal Comments: _____

PTA USE:

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 # _____