

LFK8 PTSA

STAFF GRANT REQUEST



TEACHER/STAFF NAME:

PTSA MEMBER: YES ☐ NO ☐

BEST CONTACT INFORMATION:

REQUEST DATE:

APPLICATION DIRECTIONS

The LFK8 PTSA Grant Program supports staff and students by funding unique or innovative programs, collaborations, material needs, professional development, and more. The grant committee will review all requests twice a year. Please complete the form with care. Not only does this help PTSA allocate funds, but the information is valuable in identifying school-wide needs and communicating expenditures to the Association. PTSA Membership is required to receive grant funds.

INTRODUCTION

PROJECT NAME:

NUMBER OF STUDENTS TO BE IMPACTED BY THE PROJECT (ESTIMATE):

DESCRIPTION

Please describe your program, project, activity, and/or equipment. Include the objective, timeline, and grade level(s) of students who will benefit. Attach additional pages or documents as needed.

FINANCIALS

ITEMIZED EXPENSES: Please be as specific as possible and include tax (even if the source does not charge tax. CUSD pays tax on all items), shipping and handling charges.

ITEM: _____ SUBTOTAL: _____

ITEM: _____ SUBTOTAL: _____

ITEM: _____ SUBTOTAL: _____

TOTAL AMOUNT REQUESTED: _____

TEACHER/STAFF SIGNATURE:

PRINCIPAL SIGNATURE:

PTSA USE ONLY

PTSA Membership verified. ☐ Receipt or Purchase Order Attached ☐ Total Awarded:
Grant Committee Recommendation:

Committee Chair Signature:

Date: