

# Maple Hills Elementary PTA

15644 204<sup>th</sup> Avenue SE • Renton, WA 98059



## Special Funding Request for Grade Level and Specialist Enrichment Grants

This form must be completed in order for the PTA Board of Directors to consider funding for an item, program, or activity for each Grade Level or Specialist. Use this form after or in conjunction with your individual PTA Classroom Enrichment allotments. Please collaborate with your team before submitting this form. **Please email the Treasurer ([treasurer@maplehillsppta.com](mailto:treasurer@maplehillsppta.com)) for instructions on how to submit this request.** Treasurer will email the requestor when the request is complete. Checks must be cashed within 90 days or will be VOIDED.

### General Grant Information:

Grade Level Submitting: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Total Requested\*: \$ \_\_\_\_\_

\*be sure to include all costs, such as installation, shipping, sales tax, etc.

Name of Item, Program, or Activity: \_\_\_\_\_

Payee Name (individual or organization): \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_

**Project Description:** 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? (Attach extra sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_

**Budget:** Specify and itemize the funding request and describe what the funds will be used for (i.e. supplies, services) and for what period of time. List any other funding (Classroom Enrichment money, student paid portion, district funds, other grants, etc.) sources and expected value.

\_\_\_\_\_  
\_\_\_\_\_

**Other Information:** Include contacts and referrals where the program has been implemented successfully. Describe how the success of the program will be measured and how the results will be communicated to the PTA. Include any other details you feel need to be considered. (Attach extra sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_

### FOR TREASURER USE ONLY

CHECK MADE OUT TO: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

CHECK AMOUNT: \$ \_\_\_\_\_ BUDGET CATEGORY: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_