

**- I H P T S A S p e c i a l F u n d i n g R e q u e s t -**

This form must be completed in order for the PTSA membership to consider funding an item / program / activity. If you are a staff member, use this form *after* individual IH PTSA Teacher Grants have been used or for group requests, or amounts greater than the individual grants. Special funding requests will be reviewed at PTSA meetings in October, January, March and May of each school year, and must be submitted by the 15<sup>th</sup> of the month prior to the meeting.

Submit the completed form and attachments to the school Principal for signature. The Principal will give it to the PTSA President. You may be asked to deliver information to a meeting in person.

Your request will be considered based on funding availability, number of special funding requests and how well it supports the following PTSA priorities, listed in order below:

- I H S Classroom based activities
- I H S Activities and Clubs
- School wide needs
- Community wide needs for kids

In addition, each of the funding requests will be evaluated using the following criteria:

- Number of students affected
- Length of usefulness of impact
- Consideration of other sources of revenue
- Use of teacher grants

**General Grant Information:**

**NAME OF ITEM / PROGRAM / ACTIVITY:** \_\_\_\_\_

**SUBMITTED BY: (NAME & PHONE & EMAIL)**  
\_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_  
**Be sure to Guarantee Pricing & include Shipping, Handling & Sales Tax**

**Please attach a written narrative including the following elements.**

- **PROJECT DESCRIPTION:** What are the goals and objectives of the project? How does this complement the curriculum? How will students benefit? Which students, and how many, will benefit? What activities, materials and methods will be used to implement the project?
- **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. Have you applied for any other grant or obtained additional funding from other sources for this project?
- **CONTACTS AND REFERRALS:** List contact available for additional information. List referrals that have implemented this program successfully.
- **EVALUATION:** How will the success of the program be measured and how will you share those findings with the PTSA?
- **DETAILS TO CONSIDER:** If the request is for an item, is installation required? Is ongoing maintenance involved? If so, who is responsible? How will you implement the program? What is the timeline, including beginning and ending dates? Who will run the program? Any special services or facilities needed from the school or community?

Request Received (Date): \_\_\_\_\_ Approved: \_\_\_ Date: \_\_\_\_\_ Denied: \_\_\_ Date: \_\_\_\_\_

Reason for Denial : \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

PTSA President Signature: \_\_\_\_\_