



**BHS PTSA USE ONLY**

Grant : \_\_\_\_\_

Category: \_\_\_\_\_

Requested: \$ \_\_\_\_\_

## **BHS PTSA Enrichment Fund Grant Request**

### **CHECKLIST**

**Title of Project:** \_\_\_\_\_

**Please use the checklist below to make sure that you have included all the information required on your Grant Request form.**

**\_\_\_ Approval by department head, coach, athletic director, (the appropriate administrative authority).**

**\_\_\_ Description of Project**

**\_\_\_ Benefit to Students**

**\_\_\_ Detailed breakdown of the costs of the request.**

**\_\_\_ Supporting documentation that might include bids, quotes, internet order forms, correspondence, etc.**

**\_\_\_ Club or Organization budget, i.e. a school club should include any funding received from the ASB, or sport teams should include booster club budgets.**



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## BHS PTSA Enrichment Fund Grant Request

**Thank you for requesting an Enrichment Grant!** Please feel free to use additional space to complete your request and to provide enough information for the committee to make an informed decision regarding funding. Submit your request via email or by returning a hard copy to the Main Office.

**Title of Project** \_\_\_\_\_

Name of person completing this Grant \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

Department or organization requesting the Grant \_\_\_\_\_

Signature of Department Head, Athletic Director, Coach approving this request:

\_\_\_\_\_

### **I. Provide a one sentence summary of the project**

**II. Describe the entire project.** Please be specific and include supporting documentation as attachments. Documentation could include resumes for outside resource personnel, titles, quantities and costs of books, CD's, videos, software and specifications sheets for equipment requests, bids or price quotes.

### **III. How will students be enriched by or benefit by your proposal?**

Please include number of students served, duration of project, other groups that will derive benefit, etc.



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### IV. Budget

Please note that your grant will only be considered if it contains complete and detailed budget information including supporting documents.

**Total cost of project/request:** \_\_\_\_\_

Please list various cost elements of the overall total project cost. (i.e. cost per unit times number of units, include sales tax and shipping)

Other sources of funding to assist with the project: \_\_\_\_\_

(Building budget, fundraiser, booster club, Bellevue Schools Foundation, other)

Amount of funding committed from other sources? \_\_\_\_\_

If this is a request from a Club or Organization please attach a copy of your organization's budget.

**Total Amount Requested from PTSA Grants:** \_\_\_\_\_

**V. Date Funds Needed** \_\_\_\_\_

(Note: requests cannot be for funds already spent)

**Note:** Once a grant has been approved, the grant monies must be used within 6 months from the grant award date.

If you have any questions, please feel free to contact your PTSA Vice Presidents, M.A.

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[shelleygturner@msn.com](mailto:shelleygturner@msn.com), 425-455-5687