

Application For Funds Request

Date: _____
Applicant's Name: _____
Contact Phone: _____
E-mail: _____

Program/ Project Title: _____

Is this a continuation of an existing program: _____ Yes _____ No

Date Funds Needed: _____

Describe how the program/ project will be used to promote the health, welfare, safety, and education of children in the home, school or community.

Please attach copies of any bids from companies, vendors, etc. or anything else that will impact this request. **Please return completed form to the PTSA president's box 10 days prior to the next PTSA meeting.** All fund applicants are encouraged to present their plan in person.

<u>Expenses:</u>	<u>Income:</u>
Materials \$ _____	Donations \$ _____
Equipment \$ _____	Grants \$ _____
Other \$ _____	Fees \$ _____
	Other \$ _____
<hr/>	
Total \$ _____	Total \$ _____
Total Amount of Funds Requested of EFPTSA	
\$ _____	