Hollymead Elementary
Parent Teacher Organization

2018-2019 Grant Application

1. Project Name: _____

2. Grant Amount Requested: _____

3. Which category best describes the focus of your grant request?
   - ☐ Class Project/Supplies (i.e. items are consumable such as glue, paint, etc.)
   - ☐ Instructional Materials (i.e. items are reusable such as books, visual aids, etc.)
   - ☐ New Technology (i.e. software, computers)
   - ☐ Classroom Equipment (i.e. furnishings, etc.)
   - ☐ Professional Development (i.e. conference, webinar, etc.)
   - ☐ Other _____

4. Please provide a brief description of your project:

5. Who will be impacted by the funding for this grant? (Please check all that apply and provide specifics.)
   - ☐ Classroom(s) _____
   - ☐ Grade Level(s) _____
   - ☐ Department _____
   - ☐ Entire School _____
   - ☐ Other _____

6. What are the expected outcomes of this project? _____

   _____

   _____

7. What is the anticipated timeframe for implementation of this grant? (Check all that apply and include specific dates.)
   - ☐ Immediate _____
   - ☐ Future Date _____
   - ☐ Set Time Period (from/to dates) _____
   - ☐ Ongoing _____

8. Please itemize your costs below and/or attach supporting documentation for items you plan to purchase (including shipping charges). Check here if you have attached budget info/documentation: ☐

ITEM	COST	QUANTITY	TOTAL
TOTAL			

9. Are any of these items reimbursable through PDRP or Text Book Funds?
   - ☐ Yes
   - ☐ No

   If yes, have you submitted them for funding approval and what was the outcome? _____

   _____

In order for us to process your request, we ask that you and your team have used all of your instructional money or have specific uses for the remaining funds.

Grant Proposal Submitted by: (If this is a team request, all parties must sign & date.)

Name:_____Date _____

Name:_____Date _____

Name:_____Date _____

Name:_____Date _____

PLEASE NOTE IF THIS REQUEST IS FOR MORE THAN $500 YOU MAY BE ASKED TO ATTEND A PTO MEETING TO PROVIDE ADDITIONAL INFORMATION. RETURN YOUR COMPLETED FORM TO PTO TEACHER REPRESENTATIVE.

FOR OFFICE USE ONLY

*Grant Number:*_____ *Date Received:* _____

*Date Voted On By Board:*_____ *Request Granted/Denied:* _____

*Approved By:*_____*PTO Treasurer:* _____