



Staff Funding Request

2017 - 2018

Clark Elementary PTA
335 1st Avenue SE
Issaquah, WA 98027
www.clarkpta.org

In support of our staff and your efforts to provide a rich variety of educational experiences, the Clark PTA is pleased to offer grade level and special funding. This form must be completed in order for the PTA Board of Directors to recommend funding an item/program/activity. **Do not spend requested money prior to approval.** Applications will be reviewed in a 4-step process:

1. Submit this form to Dr. Wood, who will then forward approved request to the Board President.
2. PTA Board of Directors will review request at following Board Meeting.
3. PTA Secretary will notify party of vote result following the meeting.
4. After approval, staff member submits invoice or receipts to PTA for reimbursement.

Please submit a different form for each program or activity. All requests must be received before May 15th.

General Information:

Type of Request: Grade Level Grant Special Funding Request

Name(s) of Applicant(s):	
E-mail:	
Grade Level or Program Position:	
Request Amount:	\$
Date Submitted:	

Project Information: Provide a *brief* description of the request. (i.e. What need will the funds satisfy? What is the end goal? How will students benefit? etc.) If the project will need further funding or materials to complete, include that information. Use additional pages if necessary.



Staff Funding Request

2017 - 2018

Clark Elementary PTA
 335 1st Avenue SE
 Issaquah, WA 98027
www.clarkpta.org

Cost: Provide complete, researched budget information. You may attach copies of catalog pages, internet sites or flyers. List any other funding sources and their expected values. Attach additional pages to share more information.

Item (s)	QTY (if applicable)	Amount
Shipping (if applicable)		
Tax (Washington State requires tax on all items for schools)		
Total Cost		

Applicant(s) Signatures:	
Principal's Signature:	
Principal Comments:	

Date Request Received: _____	Approved OR Denied Date: _____
Reason for Denial or Conditions of Approval: _____	
Date Funds Granted to Clark Elm/ISD: _____	Amount Granted to Clark Elm/ISD: _____ Check #: _____