Staff Funding Request

2024 - 2025

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

Clark PTA is pleased to offer grade level grants, technology/subscriptions grant, and special funding requests. **This form must be completed for the PTA Board of Directors to recommend funding an item/program/activity. Both pages are required. Do not spend the requested money prior to approval. Receipts will be required after approval for funding to be processed.**

Applications will be reviewed in a 4-step process:

1. **Submit this form to the principal by May 18th, 2025.** The principal will approve and forward the approved request to the PTA President.

2. PTA Board of Directors will review requests and vote at the following board meeting (please check dates* for awareness, we only review these at board meetings/general membership meetings.

3. The PTA Treasurer will notify requestor of vote result following the meeting.

4. After approval, staff member submits invoice or receipts to PTA treasurer for reimbursement.

Please submit a different form for each program or activity. The last day to turn in requests to the *PTA by May 19th, 2025. *****BOD and membership meeting dates: 9/17, 9/24, 10/15, 11/12, 12/10, 1/07, 1/21, 2/11, 3/18, 4/18, 5/13, 5/20.

General Information

Type of Request:

☐Grade Level Grant   ☐Special Funding Request   ☐Technology/ Subscription Grant

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.

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Cost: Provide complete budget information researched. 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: _____ Amount Granted _____ Check#: _____