

# PTO GRANT REQUEST FORM

## SOUTHRIDGE PARENT TEACHER ORGANIZATION

9625 SW 125<sup>th</sup> Ave • Beaverton, OR 97008

### Instructions:

1. Funding requests will only be approved for groups; no requests for individuals should be submitted.
2. Obtain approval from department administrator. No requests will be considered unless a request for funds has already been submitted through the school's administration.
3. An invoice, purchase order or receipt attached to this form is required for payment.
4. If approved, payment will be made by check to the designated payee in the amount indicated.
5. Requests should be submitted no later than the 2<sup>nd</sup> Wednesday of the month to the PTO box (in the Main Office mail room) for review by the PTO in that month's meeting.
6. The PTO meets only once a month. If this is an emergency request, please contact the PTO board president (president@southridgepto.com) or vice-president (vicepresident@southridgepto.com).

Today's Date: \_\_\_\_\_ Organization requesting funds: \_\_\_\_\_

Has a request for funds been made through the school's administration?  Yes  No Stop here. This must be done prior to submitting this form.

Describe projected need for funds: \_\_\_\_\_

Date of event (if applicable): \_\_\_\_\_ What is the total budget for the project? \_\_\_\_\_

How much of this amount is being requested from the PTO? \$ \_\_\_\_\_

*The maximum request is \$3,000, however the Southridge PTO reserves the right to amend this amount without notice.*

What other sources of income are being used to meet this need? \_\_\_\_\_

Describe project cost research (include two or more bids, if applicable): \_\_\_\_\_

If the request is for equipment, could it be used by other activities/sports/clubs and if so, by whom? \_\_\_\_\_

How many students will benefit from funding this project? \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Designated payee, including address: \_\_\_\_\_

### THIS SECTION FOR SOUTHRIDGE PTO USE ONLY:

APPROVED? No REASON: \_\_\_\_\_

Yes APPROVED AMOUNT: \$ \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_ AUTHORIZATION: \_\_\_\_\_

Need more info? \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_ FOLLOW-UP: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_