

PTO GRANT REQUEST FORM

SOUTHRIDGE PARENT TEACHER ORGANIZATION

9625 SW 125th 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 2nd 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: _____