

EAGLE CREEK ELEMENTARY PTO GRANT APPLICATION

Grant Request Guidelines

An annual designated amount of funds for the school year will be set aside based on the PTO's main fundraiser(s) revenue. However, PTO will have the ability to increase or decrease this amount based on funds available.

1. Any teacher, staff, parent, student or group of Eagle Creek Elementary may submit an application for consideration. Verbal requests will **NOT** be considered.
2. Applications shall be given to the Eagle Creek Elementary School Principal or placed in the PTO mailbox for review. Any hardcopy attachments should be stapled to this application.
3. Grant applications will be reviewed by the Eagle Creek PTO during our scheduled board meetings prior to the all hands PTO meetings.

Your attendance at the PTO meeting where your application is being presented is strongly encouraged but not required. If there are questions that are not able to be answered during a requested 5 minute guideline, your grant application may be tabled until the next PTO Board meeting.

After discussion a member vote will be taken by those in attendance. A simple majority of those PTO members present is required for approval. If not present, you will be notified with the results of the vote.

4. Grants not approved may be resubmitted for future consideration.
5. For approved applications, the grant applicant shall be responsible for making or arranging purchases unless otherwise requested by the PTO. The Eagle Creek PTO can be invoiced directly or the grant applicant(s) can be reimbursed. Payment arrangements should be discussed with the PTO Treasurer.
6. The Eagle Creek PTO reserves the right to rescind any approvals if purchases AND completed paperwork is not made within 45 days of application approval. If additional time is needed, please note that within the application under the "Additional Comments" section.
7. To request payment for an approved grant:
 - a. Obtain a detailed invoice from the vendor. Add a description of the grant and your signature to indicate approval.
 - OR
 - b. Reimbursements for OUT-OF-POCKET expenses will be REQUIRED to submit a completed PTO Reimbursement Form. You can request a form from the PTO Treasurer. Please organize and tally original receipts. Include your full name (Payee) and the grant description. Place all the completed documents in the PTO Mailbox, ATTN: PTO Treasurer. Please allow two weeks for processing.

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Applicants Name:	Application Date:
Contact Email:	Contact Phone:
Grant Title:	
Brief summary of the requested grant and what the money will be used for:	
Estimated Cost of Grant: \$	Grade level(s) that will benefit from grant: (select below) <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th
Estimated # of students to benefit from grant:	Date money is needed by:
Itemized list of item(s) being requested, including shipping and handling if applicable: (A printout of the items and associated cost can be attached to the grant request form in place of listing below)	
Who will be making the purchase? <input type="checkbox"/> Grant Applicant (Receipt required) <input type="checkbox"/> PTO <input type="checkbox"/> Other _____	
If PTO is purchasing, are you flexible on the brand being purchased? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Company/Website items will be purchased from: (If applicable. Since the PTO will be making the purchase, you do NOT need to use a school-approved vendor. Grant Requests over \$500 requires TWO vendor options & quotes for review)	
Will this be a one-time purchase? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , please explain what these additional costs will be:	
Will this purchase need maintenance or will there be recurring costs for supplies to use this item? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please explain what these additional costs will be and how often they will be needed:	
Additional Comments/Info:	
PRINCIPAL USE ONLY	
Date Received: _____ Date Reviewed: _____ Principal Status: <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED	
FOR PTO USE ONLY	
Date Received: _____ Date Reviewed: _____ PTO Member _____	
Final Status: <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED Dollar Amount: \$ _____ <input type="checkbox"/> Up to <input type="checkbox"/> Exact	