**The types of requests we typically fund:**

* Projects that expose students to academic, artistic, or extracurricular activities that enhance the educational experience.
* Subsidies for students and families who cannot afford the expense of a school activity.
* Activities that serve or affect the broadest group of students possible.
* Innovative enhancements to the regular curriculum.
* Student Club grants for supplies used at regular club meetings or for trip subsidies.

**Examples of previously funded projects:**

* Scholarships for a class field trip.
* Supplies for a school-wide celebration.
* Visiting Artist in Residence subsidy.
* Materials for a student club project.
* Student art project for beautification of the school campus.

**Policies:**

* The request must include detailed cost information. For purchased items with a cost of more than $25 each, submit at least two retail cost comparisons or bids.
* Grants are not meant to replace available school or departmental funds.
* Grants cannot include funding for salaries or compensation to employees.
* Each funding request is considered independently of any funding previously received.
* Once a grant is approved, it can only be funded up to the originally approved amount.
* Grant funding is limited; therefore, we may not be able to fully fund large requests.
* Once approved, payment is made in one of two ways:
  + Reimbursement: Complete a [Check Request Form](https://docs.google.com/document/d/1SScHkZPFGcbn1rLQGb-4nBfgfoqVwGj4/edit); attach original receipt.
  + Vendor Payment: Complete a [Check Request Form](https://docs.google.com/document/d/1SScHkZPFGcbn1rLQGb-4nBfgfoqVwGj4/edit); attach original invoice.

**Processing**

* The PTSA Grant Review Committee will review the request and make a recommendation to the entire PTSA Board. The Board will vote to approve the grant at the regular PTSA monthly meeting held the 1st week of each month.
* For optimal processing time, submit your request at least two weeks prior to the next regular board meeting.
* If a vote is required before the next monthly meeting or any status questions, please contact the treasurer at [brittneyjean@gmail.com](mailto:brittneyjean@gmail.com)

**Instructions:**

* Download this form. Rename the document: lastname-projectname.doc
* Fill out all required information on the following page and delete this information page.
* Email the form as an attachment to [dsaresource@dsaptsa.com](mailto:dsaresource@dsaptsa.com)
* Place a signed copy with any required cost info in the PTSA folder in the Main Office.

Faculty Name and Email: *Click to enter text.*

Student Club (if applicable): *Click to enter text.*

Amount requested:  $ *Enter amount here.* Funds needed by: *Click to enter date.*

Number of participating students: *Enter number.* Grade levels: *Enter grade levels.*

Please choose the grant type and provide a brief title or description.

Click to enter text.

Click to enter text.

Click to enter text.

Grants are not meant to replace available school or departmental funds.

Describe how the requested funds will supplement, but not replace, allocated school funds, departmental funds, or funds from other sources: *Click to enter text.*

Provide a comprehensive description of how the funds will be used. Include/attach specific cost information as described on the previous page: *Click to enter text.*

Indicate whether you would prefer the PTSA to write a check directly to a vendor/organization or to DSA/ DSA staff member to reimburse a purchase; address of either must be included.

*Click to enter text.*

Is a partial grant acceptable if funding for the full amount requested is not available? Yes / No

For printed copy delivered to PTSA folder:

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost information Attached? Yes / No / NA

**For PTSA** use **only**

Date Request Received: \_\_\_\_\_\_\_\_\_\_ Date of Board Vote: \_\_\_\_\_\_\_\_\_\_\_\_ Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Approved: $ \_\_\_\_\_\_\_\_\_\_ Amount Funded: $ \_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_check #\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Review Committee Member Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_