## Requestor Information

|  |  |
| --- | --- |
| Name |  |
| E-Mail Address |  |

## Grant Request Information

|  |  |
| --- | --- |
| Project/Item Name |  |
| Classroom Number/Grade |  |
| Requested Amount |  |
| Project/Item Details  *Please check all that apply* | new project/item for our school  project will supplement an existing program  project will require a substitute teacher  project will occur:  after school hours  before school hours  during school hours |

## Project Details

|  |  |  |  |
| --- | --- | --- | --- |
| Provide information on project member(s). Use an additional page if you need more space. | | | |
| **Name** | **Title** | **Certifications/Training** | **Relevant Experience** |
|  |  |  |  |
|  |  |  |  |
|  |  | | |
| Describe the purpose and goals of this project/item. |  | | |
| Describe expected outcomes of this project/item. |  | | |

## Requestor Signature

|  |  |  |
| --- | --- | --- |
| Name (printed) |  |  |
| Signature |  | Date |

## Principal Review and Approval – required prior to submission to PHF

|  |  |  |
| --- | --- | --- |
| Name (printed) |  |  |
| Signature |  | Date |

Foundation Use Only:

Date approved by board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If denied, why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date teacher notified of status: \_\_\_\_\_\_\_\_\_\_\_ Next step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_