## 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_