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| --- | --- |
| Apollo PTA 2.6.3Grant Application 2023-24 | Date Submitted:\_\_\_\_\_\_\_\_\_\_\_  Date Approved:\_\_\_\_\_\_\_\_\_\_\_ |

## Contact Information

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

## Grant Information

|  |  |
| --- | --- |
| Title of Application |  |
| Cash Grant Amount | $ |
| Has this been reviewed with Principal for appropriate use of funds? | Yes  No |
| Have other funding sources been explored? | |
| ISF  ASB  School Building Funds  Others  Not explored yet | |
| If select “Others”, please describe what is the funding sources. | |
|  | |
| If you would like to add information, please do so here: |  |

### Project pertains to (please check all that apply):

|  |  |  |
| --- | --- | --- |
| Literacy | Science | History |
| Technology | Math | Social Studies |
| Arts | Music | Physical Education |
| Other: |  |  |

Grade levels affected (please check all that apply):

|  |  |  |
| --- | --- | --- |
| Kindergarten | 1st Grade | 2nd Grade |
| 3rd Grade | 4th Grade | 5th Grade |
| Other: |  |  |

How many children will this affect?

## Signatures

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date approved\_\_\_\_\_\_\_\_\_

## Grant Narrative

### Description:

Please provide a brief description of your grant request and explain how this grant will enhance the education process by filling unmet needs in instructional programs or student enrichment and/or support:

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| --- |
|  |

### School Curriculum:

How will this grant integrate into the school’s curriculum?

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| --- |
|  |

### Equipment and Materials:

Describe what equipment and materials will be needed to conduct the project and or maintain and operate them:

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| --- |
|  |

### Installation:

Is installation required?  Yes  No

If yes, please describe what will need to be done:

|  |
| --- |
|  |

### Maintenance:

Is ongoing maintenance required?  Yes  No

If yes, please describe what type of maintenance:

|  |
| --- |
|  |

**Specialized Training or Services:**

Are any special services, training, equipment, or supplies needed from the school or community?

Yes  No

If yes, please describe:

|  |
| --- |
|  |

## Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Unit Price** | **Quantity** | **Total Price** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| SHIPPING |  |  |  |
| TAX |  |  |  |
| **TOTAL GRANT AMOUNT** |  |  |  |

Is this an urgent Grant request?

Yes  No

If yes, please describe what’s the deadline to purchase the requested item(s):

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| --- |
|  |

## Timeline

Complete a timeline detailing the steps of the project.

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(Treasurer use below this line)

Budget Category\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Misc. Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_