



Principal's Signature _____ Date _____

SPECIAL FUNDING REQUEST

PROJECT TITLE: _____

SUBMITTED BY: _____ / _____ / _____
Name Phone E-mail

AMOUNT : \$ _____ DATE: _____

GUIDELINES

- PTSA will consider any item, program or activity that impacts student learning at IHS. *See criteria below.*
- Submit request to the Principal by the 15th of the month, to be considered at the following PTSA meeting. The Principal will review and sign off before forwarding to the PTSA.
- You may be asked to present your request at a PTSA meeting.
- Be prepared to provide a follow-up report to PTSA if your project is funded.

PROJECT CRITERIA

- | | |
|--|--|
| • Directly impacts student learning | • Impacts a significant number of students |
| • Implemented in IHS classrooms or on campus | • Provides a good cost/benefit ratio |
| • Longevity (life of project) | • Availability of PTSA and other funding |

SUBMITTAL REQUIREMENTS

- *Description:* Describe the project in detail and address the criteria listed above.
- *Budget:* Detail the costs and note any other grants or funding sources which may be available. Include an invoice, including any tax and shipping.
- *Comparables/Referrals:* Where can we find additional information on this type of project? Provide referrals, if available, for similar successfully-implemented projects.
- *Evaluation:* How will success of the project be measured and how will you share findings with PTSA?
- *Other Details:* What is timeline for implementation? Is installation required? Who's responsible for on-going maintenance? Any requirements of the school or community to implement project?

PTSA DETERMINATION

Request Received (Date): _____ Approved: _____ Denied: _____ Date: _____

Conditions of Approval: _____

Reason for Denial: _____

PTSA President's Signature: _____