

ISSAQUAH HIGH PTSA SPECIAL FUNDING REQUEST

Guidelines

- Special Funding Requests may be submitted to the IH PTSA for an item, program, or activity.
- Staff members may only submit Special Funding Requests after having obtained approval to access their individual IH PTSA Teacher Grant.
- Special funding requests will be reviewed at IH PTSA meetings in December, March and May of each school year.
- Requests must be submitted to the IHS Principal for review and approval by the 15th of the month prior to the meeting during which they will be reviewed.
- If the request is approved by the Principal, it will forward it to the PTSA Co-Presidents for submittal.
- You may be asked to present your proposal in person at the IH PTSA meeting during which it is reviewed.

Evaluation Criteria for Special Funding Requests

- Directly impacts student learning
- Implemented in IHS classrooms or on campus
- Longevity (i.e., ongoing, annual, or semi-annual)
- Impacts a significant number of students
- Provides good cost/benefit ratio
- Availability of funding

NOTE: All grant recipients must agree to provide follow up reports, either in writing or in person up to two times over the course of the year funding is received, as determined by the IH PTSA. Grant recipients will also be expected to convey IH PTSA's support of their program as deemed appropriate.

General Grant Information

Date Submitted _____

NAME OF ITEM / PROGRAM / ACTIVITY: _____

SUBMITTED BY:

_____/_____/_____
Name Phone E-mail

TOTAL DOLLAR AMOUNT REQUESTED: \$ _____

(Include a written invoice with guaranteed pricing, including any shipping, handling, and sales tax.)

Please attach a written narrative including the following elements:

- **PROJECT DESCRIPTION:** Describe your grant request. What is the objective? How will students benefit? Where will it be implemented? Where will the project take place? How long will it be in use? Which students, and how many, will be impacted? What additional activities, materials and methods will be needed to implement the project?
- **BUDGET:** Specify and itemize the funding request and describe how the funds will be used (i.e., supplies, services) and over what period of time. Have you applied for any other grant or obtained additional funding from other sources for this project? If IH PTSA cannot fund some or all of your request, will you pursue other funding options or not?
- **CONTACTS AND REFERRALS:** List contact available for additional information and referrals who have successfully implemented this program.
- **EVALUATION:** How will the success of the program be measured and how will you share those findings with the IH PTSA?
- **DETAILS TO CONSIDER:** If the request is for an item, is installation required? Is ongoing maintenance involved? If so, who is responsible? How will you implement the program? What is the timeline, including beginning and ending dates? Who will run the program? Any special services or facilities needed from the school or community?

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

Reason for Denial: _____

Conditions of Approval: _____

IH PTSA Co-President Signature: _____ Form Updated 11/1/2010