



Hollymead Elementary School PTO 2016-17 Teacher Grant Application

1. Project Name: _____

2. Grant Amount Requested: _____

3. Which category best describes the focus of your grant request?
 - Class Project/Supplies (i.e. items are consumable such as glue, paint, etc.)
 - Instructional Materials (i.e. items are reusable such as books, visual aids, etc.)
 - New Technology (i.e. software, computers)
 - Classroom Equipment (i.e. furnishings, etc.)
 - Professional Development (i.e. conference, webinar, etc.)
 - Other _____

4. Please provide a brief description of your project: _____

5. Who will be impacted by the funding for this grant? (Please check all that apply and provide specifics.)
 - Classroom(s) _____
 - Grade Level(s) _____
 - Department _____
 - Entire School _____
 - Other _____

6. What are the expected outcomes of this project? _____

7. What is the anticipated timeframe for implementation of this grant? (Check all that apply and include specific dates.)
 - Immediate _____
 - Future Date _____
 - Set Time Period (from/to dates) _____
 - Ongoing _____

8. Please itemize your costs below and/or attach supporting documentation for items you plan to purchase (including shipping charges). Check here if you have attached budget info/documentation:

ITEM	COST	QUANTITY	TOTAL
TOTAL			

9. Are any of these items reimbursable through PDRP or Text Book Funds?
 Yes
 No

If yes, have you submitted them for funding approval and what was the outcome? _____

10. If this is a technology grant, has your proposal been reviewed by the Hollymead Technology Support team?
 Yes
 No

11. If this grant is funded, do you prefer to have items reimbursed or purchased directly by the PTO?

Grant Proposal Submitted by: *(If this is a team request, all parties must sign & date.)*

Name: _____ Date _____
 Name: _____ Date _____
 Name: _____ Date _____
 Name: _____ Date _____

PLEASE RETURN YOUR COMPLETED FORM TO PTO TEACHER REPRESENTATIVE KRISTIN KRESS.

FOR OFFICE USE ONLY

Grant Number: _____ Date Received: _____
 Date Voted On By Board: _____ Request Granted/Denied: _____
 Approved By: _____ PTO Treasurer: _____