

## **Bollman Bridge Elementary School PTA Grant Request for 2018/2019**

The BBES PTA funds programs and initiatives that directly benefit the students, staff and parents of Bollman Bridge Elementary School. Any staff member or parent may request program funding and bring program ideas to the PTA.

**Submission of an application does not guarantee funding.**

**Paid members of the BBES PTA will be given preferential consideration.**

All applications will be considered regardless of amount, type of program, previous PTA funding, etc. Funding may only be requested through this application process.

**No other form of proposal will be accepted.**

**Directions:**

**Please fill out this form in its entirety.** If a question does not apply to your request, please answer "N/A." You must indicate a contact person for the summer months. All supporting documentation must be submitted with the application. **Incomplete applications will not be considered.**

**Please include 4 copies of your application package and submit them to the PTA (via the PTA President or PTA Treasurer box at the school) no later than June 1 2018** to be considered for the 2018/2019.

Applications submitted after June 1 will be accepted, but will not be given priority consideration.

NOTE: The term "EVENT/PROGRAM" is used generically in this application. Your request may be for a specific, event, supplies, or equipment.

This application will be reviewed as the PTA puts together its 2018/2019 budget. No funding decisions will be made public before the November General Membership Meeting in 2018. Any questions about the application or the process should be directed to the PTA Executive Team at [bollmanbridgepta@gmail.com](mailto:bollmanbridgepta@gmail.com). Thank you.

**ALL APPLICATIONS MUST BE SUBMITTED NO LATER THAN**

**June 1 2018**

**Incomplete forms will not be considered.**

**If a section does not apply to you please  
enter N/A**

## Bollman Bridge Elementary School PTA Request for Funding 2018/19

### CONTACT INFORMATION (Please include summer contact info)

Person requesting funds: \_\_\_\_\_

Contact # \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Email \_\_\_\_\_

*We will email you confirmation that we have received your application*

How are you affiliated with BBES?

Staff \_\_\_\_\_ Position: \_\_\_\_\_

Parent \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Other \_\_\_\_\_ Describe: \_\_\_\_\_

Are you currently a paid member of the BBES PTA? \_\_\_Yes \_\_\_No

*Currently paid members of PTA will receive preference.*

### PROGRAM OVERVIEW

Program Title: \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

What kind of program would this be considered to be? (Check all that apply)

\_\_\_\_\_ Educational Expense      \_\_\_\_\_ Field Trip      \_\_\_\_\_ Curriculum Extension

\_\_\_\_\_ Family/Community Activity      \_\_\_\_\_ Afterschool Activity      \_\_\_\_\_ Celebration

\_\_\_\_\_ Beaver Cart/PBIS      \_\_\_\_\_ Wellness      \_\_\_\_\_ Other Please explain.

### Population served:

\_\_\_\_\_ Students      \_\_\_\_\_ Staff      \_\_\_\_\_ Community

How many students/staff/community will this program benefit? \_\_\_\_\_

What grade(s) will this program benefit (check all that apply):

\_\_\_ Pre-K    \_\_\_ K    \_\_\_ 1<sup>st</sup>    \_\_\_ 2<sup>nd</sup>    \_\_\_ 3<sup>rd</sup>    \_\_\_ 4<sup>th</sup>    \_\_\_ 5<sup>th</sup>

Application due June 1 2018

. For questions, contact bollmanbridgepta@gmail.com

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Please describe the program. Explain the purpose of the event/program and how you see the funds being used to benefit BBES. Please include supporting documentation. Use extra paper if needed.

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**FUNDING DETAILS**

What is the total amount requested for the program \$\_\_\_\_\_

When would the funds be needed?

\_\_\_\_\_ Fall (Aug-Dec)      \_\_\_\_\_ Winter (Jan-Mar)      \_\_\_\_\_ Spring (Apr-Jun)

Please give specific details and exact dollar amounts for the program. Please note that each line item should be added and the total equal the full amount being requested. Use additional paper if necessary.

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

In the event that PTA is unable to provide funding for your program how will you fund the program? Use additional paper if needed.

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**PTA INVOLVEMENT**

Do you anticipate needing volunteers to help with the program? \_\_\_\_ YES \_\_\_\_ NO

How will you involve the PTA in this program? Please be as specific as possible.

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Would PTA be allowed to distribute information, at your event/program? Yes \_\_\_\_ NO \_\_\_\_

Has PTA provide your event/program with a grant in the past? Yes \_\_\_\_ No \_\_\_\_

If so what years where the grant for? \_\_\_\_\_

What was the amount of prior grants? \_\_\_\_\_

In your prior funded event/program how many students/families/staff were served? If there were multiple dates of your event/program please list amounts and date separately.

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