 **Brielle PTO Grant Application**

**Staff Member’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**/**Grade**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Program or Activity**:

**Goals of Program or Activity**:

**Number of students who will benefit from this program or activity**:

**How is this program compatible with the existing curriculum?**

**How is this program or project unique or innovative?**

**When will this program/project be implemented?**

**Have you requested funds from the school budget via the business administrator?**

**Have you received/applied for support from any other organizations?** (educational grants, other community organizations)

**What is the budget for this program or project?** *(Please include all expenses and an estimate or invoice from a vendor if it applies)*

**Signature of Superintendent**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***For PTO Board use only:***

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by PTO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Approved by PTO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ Amount: \_\_\_\_\_\_\_\_\_\_

Signature of PTO Treasurer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of PTO President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_