|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Grade Level:** |  |
| **Telephone:** |  | **Date of Application:** |  |
| **Proposal:** (Explain what you want the Grant Money for.)  |
| **Justification:** (Explain how the staff/students of Desmares will benefit from this Grant.) |
| **Estimate of number of Desmares students that will impacted/benefit from this Grant:** |
| **Full Description and Model Number:** (If possible, supply a picture or copy of ad.) |
| **Vendor:** (If applicable, identify catalog, or store from which you wish to purchase this product. Please note, since the PTO will be making the purchase, you do **NOT** need to use a school approved vendor. For Grant Requests over $500, **TWO** Vendor quotes **MUST** be given.) |
| **Total Funds requested from PTO, including shipping and handling:** |
| **Where will the item be stored?** |
| **Where will it be used?** |
| **Will this be a one-time purchase?**  |
| If no, please explain what these additional costs will be: |
| **Will this purchase need maintenance or will there be recurring costs for supplies to use purchase?** |
| If yes, please explain what these additional costs will be: |
| **Additional Comments:** (Anything else either the Grant originator or the Desmares administrator would like to add.) |

**PTO GRANTS FOR SPECIAL PROJECTS APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal:** |  | Approve / Deny | Date: |  |

 (signature) (circle one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Committee:** |  | Approve / Deny | Date: |  |

 (signature) (circle one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Desmares PTO Executive Board:** |  | Approve / Deny | Date: |  |

 (signature) (circle one)