

# Spring Hill Elementary School

## Parent Teacher Organization Grant Request

### Grant request process:

- U Return completed Grant Requests and any supporting information to SHES Principal.
- U Grant requests will be evaluated by the SHES PTO Executive Board, including SHES Principal.
- U The contact person will be notified with a decision.
- U If the request is approved, they will be asked to provide purchasing information to the Grant Coordinator.
- U Items purchased are school property and to be labeled "Donated by SHES PTO," when possible.

### Supporting information:

- U Detail how the funding will be used.
- U List other funding sources.
- U Elaborate on price sourcing such as deals, deadline requirements, and options.
- U Provide supplemental information to help the committee better understand the request.
- U Describe the history of the project, including funding.
- U Describe the future of the project, including funding.
- U List any items to be purchased.

### Approved grants:

- U Should benefit as many students as possible.
- U Extend or enhance the existing curriculum.
- U Provide materials other than normal supplies, texts, or furniture.
- U Provide unique extensions to the classroom with ongoing value, if possible.
- U Uphold the SHES PTO Mission Statement.

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Contact SHES PTO with questions (coltspto@gmail.com)

### Mission Statement

The mission of SHES PTO is to promote the welfare of children and youth, to bring into closer relation the home and school so that families and teachers may better cooperate in the education of children and youth, and to help provide supplemental resources that enhance or compliment school curriculum.

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All grant requests will need to be reviewed and approved by the Principal and SHES PTO Officers.

Grade level/area:

Kindergarten    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>

Specials: \_\_\_\_\_ Support Area: \_\_\_\_\_

Type of grant being requested:

Field Trip \_\_\_\_\_

New Student T-Shirt \_\_\_\_\_

Experiment/Lesson \_\_\_\_\_

Other \_\_\_\_\_

Anticipated benefit to students:

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### Payment Information

Itemized expenses: \_\_\_\_\_

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Number of students benefiting: \_\_\_\_\_ Total estimated cost: \_\_\_\_\_ Date needed: \_\_\_\_\_

### Contact Person

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please attach any supporting information to be considered in the decision making process. Thank you!

### SHES PTO Executive Board:

Administration: Approve Decline

SHES PTO: Approve Decline

X \_\_\_\_\_  
Principal Signature

X \_\_\_\_\_  
SHES PTO Officer Signature

Contact person notified: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/20 Total payment: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/20