**Brockport Central PTSA**

**Grant Request Form**

*Please attach any supporting documentation & allow 4 weeks for processing.*

1. Submission Date:
2. Contact person’s name/title:
3. Contact person’s association with BCSD (circle one):

Teacher Parent Student Administration Support Staff Other \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone of contact person (include any numbers which will allow for ease of communication):
2. Email of contact person:
3. Name of organization/group requesting funds:
4. Is the building principal aware of this grant request?

1. Describe how the PTSA grant funds will be used.
2. How will students benefit if funding is supplied?
3. Which schools, grade levels, and how many students will benefit?
4. Total anticipated cost of program:
5. Specify amount requested from Brockport PTSA:
6. Have (or will you) request funding from other sources for this program? If so, from whom?
7. Is this the first time you have requested funds from PTSA for this project?

If no, please indicate the date and the amount previously requested.

1. What date are funds needed & Who does payment need to be made out to?

*Please complete and return to PTSA President via email to* [*BrockportPTSA@gmail.com*](mailto:BrockportPTSA@gmail.com)*.*