



Adobe Bluffs PTA Proposal for Funding Request Form



Group/Individual Name: _____
Submission Date: _____ Requested Amount: _____

A. Project Description: *(Briefly describe your project and how it ties with AB PTA goals www.adobebluffspta.org.)*

If this is already a currently approved program for this year, check here and complete only Sections D, E and F.

B. Students and/or grade level(s) that will benefit: *(Who will be the beneficiaries of your project? Why?)*

C. Project Objectives/Time Line: *(What do you expect to accomplish? How and when will you know you have succeeded?)*

D. Anticipated (or Additional) Expense: *(List all costs involved. Include shipping & handling + tax. If requesting additional funding for a currently approved program, list only costs above the budgeted amount.)*

Attach documentation or invoice, if available.

Total program cost::

E. Additional Funding: *(Is this proposal being funded by additional sources, i.e., grant, Foundation, etc.?)*

F. Project Evaluation: *(Do you recommend this program to continue/discontinue and why?)*

Date Reviewed by Executive Board: _____

Accepted

Denied