

**2017-2018 Roland Grise PTSO
Grant Request Form**

Date:

Grade Level(s):

Number Served:

Request Amount: \$

Lead Applicant:

Email Address:

Co-applicant(s):

Request Type:

Trip

Equipment

Supplies

For a
workshop/
Continuing
Education

Please describe the nature of the request and state how it will aid in addressing educational goals at RGMS.



**Roland Grise Middle School PTSO
2016-2017 Grant Application
Budget Request Form**

Applicant:	<input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> All				
Co-Applicant(s)					
	Quantity	Rate	Cost	In-kind	Granted Amt
A. PERSONNEL					
			\$0.00		
B. EQUIPMENT (Permanent)					
			\$0.00		
			\$0.00		
C. TRAVEL					
Transportation			\$0.00		
Lodging			\$0.00		
D. PARTICIPANT COSTS					
Registration			\$0.00		
Admission			\$0.00		
E. OTHER DIRECT COSTS					
Materials and supplies			\$0.00		
Publication costs			\$0.00		
Printing and copying			\$0.00		
Postage			\$0.00		
Other			\$0.00		
Other			\$0.00		
			\$0.00		
TOTAL COST OF PROJECT			\$0.00		

Applicant Signature: _____

Date: _____

Status - 1st Review:	_____	Approved	_____	Declined
	_____	Need Additional Information		
Status - 2nd Review, <i>if applicable</i> :	_____	Approved	_____	Declined
Grant Committee Chair Signature & Date: _____				
PTSO President Signature & Date: _____				