

## PTO GRANTS FOR SPECIAL PROJECTS APPLICATION

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

<b>Principal:</b>		Approve / Deny	Date:	
(signature)		(circle one)		
<b>Grant Committee:</b>		Approve / Deny	Date:	
(signature)		(circle one)		
<b>Desmares PTO Executive Board:</b>		Approve / Deny	Date:	
(signature)		(circle one)		