

Roy Cloud PTO

Grant Application

Applicant's Name

Date of Application

Email Address

No of Students

REQUEST FOR FUNDS

Please provide the following information to help us understand the purpose and scope of your request for funds.

1. A brief project description:

2. The goals and objectives you expect to accomplish: (Please include information on how student performance, well-being, and/or the school environment will be enhanced by this expenditure.)

3. Timeline:

4. Breakdown of estimated costs and total of funds needed: (Provide links or attach supporting documents.)

5. Approximate number of students to be served by this grant:

6. Are there any alternative/outside sources of funds available to fund all or part of this request?

Yes ____ No ____

NOTIFICATION

Final funding decisions will be made by the Roy Cloud PTO. PTO reserves the right to fund grants subject to specific conditions. In accepting a grant, a grantee must agree to provide access and documentation to the PTO for the purpose of follow-up and evaluation. Applicant will be required to report results and status of equipment to PTO after one year.

SIGNED BY: Applicant _____ Date _____

Questions? Contact Yvonne Sarles at yvonnesarles@gmail.com or (650) 773-1919