

King Philip Parents' Network Teacher Grant Request Application 2015-2016

APPLICANT INFORMATION

Applicant 1

Applicant 2 (if applicable)

Name:

Dept & Position:

Contact Info*

Email:

Day Phone:

Evening Phone**:

School Mail:

* Please fill out any/all of the contact information you wish to supply (at least one) and check off your preferred contact method.

** Please include an evening phone number as the committee will be meeting in the evening to review the request and may have questions.

GRANT REQUEST

Describe the item(s) for which you are requesting grant funds:

How will the item(s) be used? Describe any collaboration between teachers, departments, or other resources (technology lab, or other) involving these items:

Number of students/ grade levels benefiting from these items or project:

Is this request currently under consideration by any other organization, if so, please explain:

PLEASE CONTINUE TO SECOND PAGE TO COMPLETE GRANT REQUEST APPLICATION.

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PURCHASING INFORMATION

Please fill in the following information as completely as possible to facilitate the review process.

Where can item(s) be purchased: (Include catalog name, retail store, outlet, web site, etc.)

Cost of Requested Item(s): (please break out by component where possible.)

Item(s) Cost: _____
Shipping: _____
Total Cost: _____

Total Amount of Grant Request: _____ (up to \$250)

Note: Approved grant amounts will be available for requested use and should be spent within one year. Invoices or receipts are required for the release of funds.

* * * Please attach copies of supporting material (catalog pages, etc.) * * *

Have you checked other sources to compare prices? Yes No
Have you checked that the above prices are up to date? Yes No
Can item(s) be partially funded? (explain below) Yes No

Other Comments/Information:

ALL GRANT REQUESTS MUST BE SUBMITTED BY December 4, 2015

Please return this application to the KP Parents' Network mailbox in the High School office.

All applicants will be notified of their grant status by December 21, 2015.

COMMITTEE INFO (to be filled out by KPPN)

Date Application Received: _____

Confirmation Sent: Yes No

Approved: Yes No

Amount Approved: _____

Comments: _____

Contact the KP Parents Network at kpparentnetwork@gmail.com if you have questions about how to complete this form.

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