

**Guidelines:**

1. Applicants must be members of the CV PTA
2. Proposals should benefit students over multiple years
3. All purchases become property of the CV school district (no consumable products and/or gift items will be approved)

**Process:**

1. Complete the form and submit to president.cvpta@gmail.com
2. Requests will be reviewed by the executive board within 30 days of the submission and approval or denial will be notified
3. If approved the PTA will arrange with the faculty member how items will be ordered and distributed on a case by case basis

Name or organization requesting funds: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Funding Item Information**

Item(s) to be purchased \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Benefit(s) of your request: (tell us who and why also include the date needed by if applicable)

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Requesters Signature: \_\_\_\_\_

(Once completed make a copy of forms and keep one for PTA records and give one to requestor)

Members present for board discussion:

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Recommendations (circle one): Approved Denied More info needed

Reason for Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date given to Requestor: \_\_\_\_\_

Approved items only below:

Is this a new budget line item: YES NO (one time purchase)

If yes state the name and frequency of purchases: \_\_\_\_\_

We the PTA Executive Board and Requestor will have the items purchased, documented, and delivered in the manner stated below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President and/or VP Signature: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Central Valley PTA

Funding Request

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