

"Teacher Idea" Fund Application

The PTO Mission: Providing additional academic and social experiences to the students through fundraising and membership dues. In addition, the PTO provides morale boosters to the children and teachers, within the resources available, as determined under the guidance of the PTO Executive Board and the approval of the general membership.

APPLICATION GUIDELINES

- The Teacher Idea Fund is an opportunity for teachers, departments, and administrators to request funding for projects that fall under <u>areas of interest</u>.
- PTO gives priority to the following types of programs:
 - Academic or extracurricular opportunities of students
 - Classroom or school based enrichment opportunities
 - Community events or lectureships
- Fund request forms must be submitted to the PTO president electronically to butler53pto@gmail.com.
- Application requests will be considered upon a first-come-first-serve basis, accepted throughout the year.
- The application will be reviewed at the next scheduled PTO Executive meeting following the submission of the form. A decision is made within 30 days of PTO receiving the application
- Please complete all sections of the application form. Incomplete forms will not be reviewed.
- A receipt/invoice is required for all approved requests.
- The requestor is responsible to supply the vendor and items selected.
- The PTO officers reserve the right to research any requests for a similar item that costs less.

"Teacher Idea" Fund Application

DATE:					
APPLICANT NAME:					
APPLICANT EMAIL:					
APPLICANT SCHOOL:					
IDEA NAME:					
IDEA LOCATION:					
IDEA DEPARTMENT/CLUB/ PROGRAM:					
AMOUNT REQUESTED:					
BRIEF DESCRIPTION OF REQUEST (program/service/items):					
Number of students (identified by grade levels) who will benefit from the program:					
How will the students benefit from the program?					

Indicate the timeline (project start and end date / ongoing):					
For ongoing programs, please provide information about future sustainability:					
Please list parties involved and a Submit copies of all existing or p					
Purchase Information (vendor, items, costs):					
The undersigned hereby certifies submitted with this Application is for the program have been grante	accurate and complete a		information contained in and administrative approvals required		
Name:	Title:				
Signature:	Date:				
Building Principal Signature:	Date:				
PTO USE ONLY					
DATE RECEIVED:					
DATE REVIEWED BY PTO EX	ECUTIVE BOARD:				
☐ APPROVED	☐ DENIED		☐ MODIFIED		
PTO EXECUTIVE BOARD COMMENTS:					