

Alexandria PTA Council School Level PTA Grant Application

Through grants, the Alexandria PTA Council will support initiatives by member PTAs that increase family involvement in our schools or provide enrichment opportunities for our students. Preference will be given to initiatives that serve to "kick start" long term efforts and to those in Title 1 schools.

Date of Request: _____ **Date Funds Needed:** _____

PTA Name: _____

Contact name: _____

Contact e-mail & phone: _____

Amount Requested _____ **Current PTA fund balance** _____

Prior year PTA income: _____ **Prior year PTA expenditures:** _____
or attach copy of relevant budget(s)

Purpose of Grant: _____

Description of how funds will be used: _____

Provide documentation to support costs.

Deliver Check by: ___ PTA Council Meeting ___ **U.S. Mail to:** _____

Signature of PTA President: _____

By signing this application, I certify that the funds requested will be used for the purpose described in this application and I will provide documentation of the expenditures to PTAC upon request.

This form and supporting documentation may be delivered:

In person, via e-mail to alexandriaptactreasurer@gmail.com, or

Via mail to PTA Council Treasurer, P.O. Box 16465, Alexandria, VA 22302

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For PTAC Executive Board Use Only

Dated Received: _____

Board Action: Approve Deny Other: _____

PTA Council President Signature: _____

Treasurer's Use Only

PTA Council Check Number: _____ **Date of Check:** _____

Expense Line Item: _____