

**Creek Valley PTA Program Grant Request Form**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your phone/email: \_\_\_\_\_

**PROGRAM GRANT INFORMATION:**

1. Program Title: \_\_\_\_\_

2. Program Dates: \_\_\_\_\_

3. Program Director: \_\_\_\_\_

4. Program Description (if able, attach relevant information): \_\_\_\_\_

\_\_\_\_\_

5. Program Location: \_\_\_\_\_

6. Program Beneficiaries: \_\_\_\_\_

7. Program Purpose (if able, attach information): \_\_\_\_\_

\_\_\_\_\_

8. Dollar amount requested: \_\_\_\_\_

9. How will funds will be used: \_\_\_\_\_

**Next Steps:**

**a) Please allow 3-6 months for a response.**

**b) Please send this form, additional, supporting documents or any questions to Sarah Miller and Motria Ramos, Grant/Donations co-Chairs, at [cvgrantsanddonations@gmail.com](mailto:cvgrantsanddonations@gmail.com)**

For PTA and Administrative Use

Grant Requested \_\_\_\_\_ Grant Declined \_\_\_\_\_

Amount Received \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_