



2004-2005 Terman Staff Grant Application



Name of Applicant: _____

Group: _____ Dept: _____

Phone: _____ Email Address: _____

Team/Dept Lead Signature: _____ Date: _____

Please answer the following: (Attach a separate piece of paper, if needed)

1. How will the requested funds be used? What items or services will be purchased and for what purpose? _____

2. What needs or objectives of the school will be addressed? _____

3. How many students will be served either directly or indirectly? Who in the school community will benefit? _____
4. Budget: _____

<u>Item</u>	<u>Description</u>	<u>Cost</u>
1.		
2.		
3.		
4.		
5.		
	<u>Add tax and Shipping:</u>	
	Total Amount Requested:	

Please attach any information relative to your request for funds: copies of catalog pages, websites, order forms, etc.

Please indicate:

Vendor Name: _____

Vendor Address: _____

Phone: _____

GRANT COMMITTEE USE ONLY

Date Application Received: _____

Reviewed by Principal: _____

Date Reviewed: _____

MAJOR GRANT? YES _____ NO _____

Date Approved: _____