



Proposal/Request for Funding

Date _____

Person/Group Making the Request: _____

The PTSA will use the 2010-2011 Goals as the criteria for our decision-making, so please help us by noting how your proposal will support the following:

Priority Goals: (this is **what** we are working to achieve)

- Increased family involvement and participation in PTSA and school events
- Financially support programs and activities that impact as many students as possible; equal attention to academic, athletics, arts, and other projects & activities.
- Strong relationships with and support of CSIHS staff, teachers, and other school programs and organizations
- Contribute to the positive image of CSIHS within the West Seattle community

Proposed Project, Program, or Activity:

(please provide a detailed description, including timeline and who this request benefits)

Projected Cost and Amount Requested from PTSA:

(Please indicate if a portion of the request can be funded through other sources such as other grants, school budget/program line items, or student/family contributions. In other words, if we cannot grant the full request is it still possible to make the program/activity/purchase happen?)

PTSA Use: Approved/Rejected on ____/____/____. Notes:
Requestor notified by _____ on ____/____/____.