

Redmond Elementary PTSA Application for Funds Request

Program/Project Title:

Is this a continuation of an existing program? Yes No

Start Date: _____

Ending Date: _____

Amount requested: _____

Date: _____

Applicant's Name: _____

Contact Person: _____

Telephone: _____

E-mail: _____

Equipment:

Is this new or replacement equipment? New Replacement

Date Needed: _____

Amount requested: _____

Description:

Describe how the program/project will be used to promote the health, welfare, safety, and education of children and youth in the home, school, or community.

Additional comments may be attached.

**Please complete survey and return to PTSA box in office by
Friday, April 24th
for consideration in next year's budget**