



Mark White Elementary Parent Teacher Organization

MWE PTO Request for Funding & Budget Form

Thank you for your interest in proposing a new initiative at MWE or request funding for a new program. Please submit the form below with support materials to the MWE PTO.

- Each application will be reviewed and presented to the Board of Directors (at their next meeting) for consideration. Please allow 2-3 weeks for review.
- Initiatives should benefit the MWE community and fall under the annual goals or priorities set by School Administration and/or MWE PTO.
- Include a budget breakdown of your project (Budget form attached)
- Applicant should be in PTO member in good standing (current dues paid)

Date: _____

Name of Person/Group Submitting Proposal: _____

Email & phone number: _____

Type of Proposal: (Circle one) Funding Request, One-Time Program, New Committee, Other _____

Title of Proposal: _____

Detailed Description of the Initiative: Please include a summary of your idea or project in need of funding. Be sure to include any background materials, purpose/mission statement, activities, goals, members, meetings, etc. **How will your program benefit the entire school? How does this program fill a need under the current goals/priorities of the school/PTO?**

Proposed Start Date: _____

Duration of Program/Initiative: _____

Proposed Operating Budget: _____

(Provide details attached on Budget Approval Form)

Amount of Funding Requested from MWE PTO: _____

Amount of Funding Requested from Other Sources: _____

----- PTO USE BELOW -----

Date Received _____ Date to Board _____

Board Feedback? _____

Follow Up? _____

Board Decision _____ Date _____



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EVENT BUDGET APPROVAL FORM

For MWE PTO, CORP.

- For new requests return with Request for Funding Form
- For Pre-Approved PTO Projects: Return Approval Forms to the Treasurer one week prior to the Monthly Officer Meeting.

All documentation must be approved by majority vote at the monthly Board of Trustee Meeting

EVENT: _____	EVENT DATE: _____
CHAIR: _____	Email: _____
Co-CHAIR: _____	Email: _____
TOTAL GRANT/DONATION RECEIVED/REQUESTED:	\$ _____

BUDGET ITEMS			
ITEM	Date Funds Needed	Payment Method (Cash, Check, CC)	AMOUNT
TOTAL FUND REQUESTED			\$

Chair Signature _____	Date _____
Co-Chair Signature _____	Date _____
Treasurer Signature _____	Date _____
Officer Signature _____	Date _____