We invite your application for Foundation support by completing this application. Every effort will be made by the Foundation to provide you with the support requested. **Requests need building principal approval (signature) and Superintendent approval (MPS). Technology and curriculum requests will go through District Technology Coordinator & Director of Teaching and Learning. Requests for Extracurricular Activities\* will be reviewed and prioritized by the Activities Director.**

**Project Title:**       **School:**       **Date:**

**Applicant/Grant Contact Name:**       **Email:**

**Contact Phone:**

**I have previously applied for funding through PITF:** **[ ]  Yes** **[ ]  No**

**This project has been funded previously:** **[ ]  Yes** **[ ]  No**

**Request is for an Extra Curricular Activity (ex: Speech, Athletics, FFA, Robotics): [ ]  Yes [ ]  No**

**Request includes technology:** **[ ]  Yes** **[ ]  No**

**Request includes curriculum:** **[ ]  Yes** **[ ]  No**

**Grade(s):**   **# of Students Benefitting/Involved:**       **Date $ Needed:**

**Total Project Cost:**       **Amount Requested:**

**What other funding sources could/will you use for this project?**

**Project summary: Include your goals & objectives and a timeline for implementing or obtaining the items you wish to purchase. Please provide detail regarding how this impacts the growth and development of students:**

**Attach or include below a detailed breakdown of what you plan to obtain with the grant money (i.e. itemized list with pricing of items to purchase, detailed purchase orders, information on the event or a breakdown of how the funds will be used based on dollar amount being requested):**

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Principal Approval Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Director Signature\* Date