

## PTA Budget Request SHORT FORM

Primary contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Program Name: \_\_\_\_\_

**Program Description:** (Please attach a narrative. Include program goals, why the school needs this program, who will be served by this program, how the program integrates with the school's curriculum [or if no integration required, please state that], who are the individuals involved, etc.)

Is this request for an ongoing program or one-time expense? \_\_\_\_\_

Timeline for implementation: \_\_\_\_\_

**Review and Reporting:** (How will the PTA know that the goals have been met? How will the effectiveness of the program be measured?) Please describe: \_\_\_\_\_

Who has been identified to chair/oversee the committee/program? \_\_\_\_\_

Did you explore and/or are you aware of other alternatives to funding that may support this proposal? (i.e. combining the program with another committee, SIP funds, OUSD, foundation or corporate grants, etc.) Please describe: \_\_\_\_\_

What is the total of your 2012-2013 budget request? \_\_\_\_\_

**Please attach a detailed annual budget.** Include costs for personnel/consultants (including # of hours and cost per hour), services, capital equipment (# of items at what cost), disposable materials & supplies, miscellaneous items (insurance, etc.).

Please include any other information that you feel is relevant to the consideration of funding this program/request.

Thank you!