

Cedar Valley Middle School PTA
2017-2018 School Year – Funding Request Form

Contact Name: _____

Email: _____

Position: _____

Year: _____

Project Program Description and Goals	
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How many students/staff will this program impact? _____

Items Needed <i>(Continue on separate sheet if necessary)</i>	Cost
Costs are: One Time _____ Annual _____ Ongoing _____	Total Cost
Vendors:	Have you compared costs from other vendors? ___ Yes ___ No ___ N/A
Notes/Additional Information:	
Committee Members:	

Contact Lareina Stainthorp at lareina@cassgroup.com with any questions.

CeVMS PTA ONLY: APPROVED NEED FURTHER INFO. PROJECT FEEDBACK REQUESTED

BUDGET CATEGORY: _____