



PG PRIDE GRANT APPLICATION FORM

Please type or print your application. Incomplete information could result in a delay. Upon notification of approval, it is the responsibility of the applicant to place orders and start the purchase order process. Approval does not guarantee further approval.

Date of application _____

Name of applicant(s) _____

School Site(s) _____ Home Phone _____

Department or Grade Level _____

Number of students directly served by this request _____

Will this request serve new groups of students beyond this year? _____

Item(s) requested (be specific) _____

Total dollar amount requested including tax and shipping \$ _____

Vendors: _____

Are there other funding sources? _____

Reason(s) for request, please state need and expected benefits: _____

Site Administrator or Program Manager Signature

Date

Is this request a funding priority for your facility?

Yes _____ No _____

Is this an appropriate use of PG PRIDE funds?

Yes _____ No _____