

Springport PTA
Mini-Grant

Date: _____

Name: _____

Building: _____

Amount Requesting: _____

Phone #: _____

Please answer the following question and briefly describe your request.

Who will benefit from the mini-grant? _____

How many students and/or teachers will benefit? _____

Are funds going to be combined with other money? _____

If so, from which organization and how much? _____

Please provide additional information to support your request including an itemized list of expenses, if pertinent:

Date Reviewed: _____

Amount Approved: _____

You will need to be at the next business meeting in order for the grant to be reviewed.

If you have any questions, contact Amy Day @ 554-0128.