



GALILEO ACADEMY OF SCIENCE AND TECHNOLOGY PTSA

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ENRICHMENT GRANT APPLICATION

Please be sure to review the PTSA Grant Funding Guidelines carefully before completing the application. All required fields marked with an* must be completed in full.

Applicant's First Name* _____ Applicant's Last Name* _____
Applicant's Email* _____ Applicant's Phone _____
Department/Organization* _____ If Other, Please Specify _____

A co-signer is required for each application.

- If you are a faculty member, your co-signer is the Department Chair
- If you are a coach, your co-signer is the Athletic Director
- If you are a Department chair, your co-signer is the Assistant Principal or Principal
- If you are an Administrator, your co-signer is the Principal
- If you are a student, your co-signer is your teacher sponsor

Co-Signer's Name's* _____ Co-Signer's Title* _____
(*ex: Will Smith*) (*ex: Department Chair*)

Co-Signer's Email* _____ Co-Signer's Phone Number* _____

Is this a new application for this grant cycle?* _____ If no, please provide the date of the original grant application* _____

Proposed Program/Project Funding Requirement

Please answer each of the following questions in detail, so that the PTSA Grants Committee will have a clear understanding of your program/project/request.

Name of Proposed Program/Project*

Brief Summary of Proposed Program/Project*

Date funding needed by* _____ Total amount requested from PTSA (\$) * _____

Describe the program/project for which you are requesting funding *

How will the requested funding be used? *

How will the program/project benefit Galileo and or its students? Please provide an estimate of the number of students that will benefit directly from this program? *

How will the program/project contribute to and promote equity within the Galileo community? Please describe *

Detail Cost of Service(s) or Item(s) to be Purchased

Please detail below the cost for the project/program that you are proposing. For each item or service that you wish to purchase as part of your proposal, obtain the best price. Be sure to include all sales tax, shipping and handling fees as part of the total amount requested. You may list up to five vendors.

Item/Vendor Name 1 of 5*

Description for item/vendor 1 of 5*

Unit cost of item/vendor 1 of 5 (\$) * _____ Quantity of item/vendor 1 of 5 * _____

Subtotal of item/vendor 1 of 5 (\$) * _____

Item/Vendor Name 2 of 5*

Description for item/vendor 2 of 5*

Unit cost of item/vendor 2 of 5 (\$) * _____ Quantity of item/vendor 2 of 5 * _____

Subtotal of item/vendor 2 of 5 (\$) * _____

Item/Vendor Name 3 of 5*

Description for item/vendor 3 of 5*

Unit cost of item/vendor 3 of 5 (\$) * _____ Quantity of item/vendor 3 of 5 * _____

Subtotal of item/vendor 3 of 5 (\$) * _____

Item/Vendor Name 4 of 5*

Description for item/vendor 4 of 5*

Unit cost of item/vendor 4 of 5 (\$) * _____ Quantity of item/vendor 4 of 5 * _____

Subtotal of item/vendor 4 of 5 (\$) * _____

Item/Vendor Name 5 of 5*

Description for item/vendor 5 of 5*

Unit cost of item/vendor 5 of 5 (\$) * _____ Quantity of item/vendor 5 of 5 * _____

Subtotal of item/vendor 5 of 5 (\$) * _____

Cost Summary- Total Cost of Services or Items to be Purchased

Please include amounts from all of the items/vendors listed above. Be sure to include all applicable shipping, handling, and other charges. Note that PTSA cannot pay more than the amount requested and approved.

Grand total cost of items/services (\$) * _____

Other Source(s) of Funding

To ensure optimal funding for your project, we encourage applicants to explore a variety of funding sources, including but not limited to your department, the Galileo Alumni Association, School Site Council, the District, and fundraising activities.

Do you have other source of funding for your program/project?* Yes No

If yes, please list source(s), and amount (s). For example: Educational Program, \$500*

Do you have any fundraising activities planned or underway?* Yes No

If yes, please describe*

Have you received funding from PTSA or other sources for this program/project in the past?* Yes No

If yes, please list source(s), date(s), and amount (s)*

Applicant Certification

Upon completion of your application, please acknowledge and check the boxes below.

- I certify and affirm that all information presented in this application is true and accurate
- I acknowledge the PTSA grants committee will contact my co-signer to confirm his/her support for my request
- If my grant request is approved, I agree to submit my reimbursement request to PTSA within 60 days
- If my grant request is approved, I agree to send a brief summary describing the results of the program/project and photos, within 30 days of grant award. Failure to do so may affect future grant decision.

Applicant Signature

Co-Signer Signature

*Please attached copies of all purchase receipts along with the grant application.

**Please email the completed grant application to president@galileoptsa.org.

***Please contact president@galileoptsa.org for any inquiry regarding the grant application.