



## Cedarcrest High School PTSA

PO Box 672, Duvall, Washington 98019

### GRANT REQUEST FORM

Please complete all applicable information below and attach, if available any supporting documentation for your funding request. Do not forget to include tax and shipping in your cost estimate. Grant requests to be considered for funding out of the 2025-2026 PTSA budget for staff grants. All grants are reviewed by Administration for approval before going before the PTSA Board of Directors. *Grant funds cannot be used for transportation or staffing.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Explanation of Request (use back of form if needed):

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Vendor	Est. Amount	Estimated Date Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Request: \$ \_\_\_\_\_

Signature of Person Submitting Request: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Expenditure: Approved \_\_\_\_\_ Denied \_\_\_\_\_ More Info Needed \_\_\_\_\_

Check Made Out To: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Mailed on: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

President's Signature: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_