GENE WITT ELEMENTARY PTO
MINI GRANT APPLICATION

Applicant Name: _____ Date: _____

Cell Number: _____ Email: _____

Grade/Department: _____

How many students and/or faculty will benefit from this grant: _____

Briefly describe your request and the benefit it will provide (attach additional pages if needed):

_____

_____

_____

When do you need this by? _____ Total Cost: _____

Please attach purchase order, quote, order information, etc. to allow PTO to place the order for your materials/program. If you have any questions, please contact Shannon Cooley at 941-705-7709. Mini Grants should, at a minimum, benefit an entire department or classroom. Mini Grants are reviewed at our General PTO Meetings. If your Mini Grant request is confidential or urgent, please text Shannon Cooley at 941-705-7709.

FOR PTO USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____

PTO RESPONSE: _____ APPROVED | _____ DENIED | NOTIFIED APPLICANT: _____

VOTE INFO: _____

NOTES: _____

_____

_____

ORDER DATE: _____ ETA: _____ ON GL?: _____

MINI GRANT #: _____ CONFIRMED RECEIPT: _____