

**Pope STEM Academy Foundation**

**Grant Request Form**

**Instructions**

1. Consider the following criteria when determining the scope and request of the grant
   1. Approximate number of students that will benefit from the grant
   2. Grade levels of the students that will benefit from the grant
   3. How the grant will improve or augment the Pope STEM program or curriculum
   4. Whether the item(s) can be purchased from any other funding sources already in place
   5. How long the item(s) will last and whether it might require ongoing maintenance or updates
   6. Total cost from up to 3 different vendors to compare, if possible
2. Email the completed form to [board@popestemacademy.com](mailto:board@popestemacademy.com)
3. You may be asked to attend a PSAF Board meeting (second Monday of each month at 6PM) to discuss the request.

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| **FUNDING REQUEST INFORMATION** | | | | | | | | |
| **Requestor Name** |  | | | | **Date requested** | | | |
| **Position/Team** |  | | | | | | | |
| **Item(s) You Want to Purchase** |  | | | | | | | |
| **Describe your proposed project/program below including how the resources will be used by students and your expected outcomes (Attach additional page if necessary)** | | | | | | | | |
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| **Number of students impacted** |  | | **Grade level(s) impacted** | | | |  | |
| **Longevity of Resources and Related Future Costs** |  | | **Other Sources of Funding Pursued** | | | |  | |
| **Vendor(s) – list up to 3** | | **Bid List** | | | | | | |
| **Cost** | | **(+) Shipping** | | **(-) Discounts** | | **(+) Taxes** | | **(=) TOTAL COST** |
| **Date resources are needed:** | | | | | | | | |

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| **APPROVAL SIGNATURES** | |
| **PSAF Board approval** | **Date** |
| **Pope STEM Academy approval** | **Date** |