



Brookside Elementary PTA

GRANT AGREEMENT

Person Making Request: _____ Date: _____

Are you a Brookside PTA member? Yes ____ No ____

Amount of Grant Money Being Requested: _____

Purpose of Grant:

Grant Money Needed by This Date: _____

It is agreed that the grant funds will be spent for the stated purpose on or before _____ or the funds will be refunded to the PTA. Any unused or unexpected funds will be refunded to the PTA. The School District or other grantee will provide to the PTA a complete accounting of the expenditure of the grant funds.

Alternative Options if Grant Not Approved:

Approved:

PTA Officer: _____

Date: _____

PTA Officer: _____

Date: _____

Principal (when required):

_____ Date: _____

Superintendent (when required): _____ Date: _____