



**West Clay Elementary PTO**  
**Grant Request Form**

Date: \_\_\_\_\_ Amount of grant request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Please briefly describe the reason for requested grant:

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Grant requests must be approved by ALL of the following PRIOR to receiving funds.

Approved by (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (PTO President): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (PTO Treasurer): \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*\*Please note: This is NOT a reimbursement form. ALL grants are to be approved by the above BEFORE any funds are spent. If funds are spent prior to approval, you risk not receiving reimbursement if the grant request is not approved. Thank you for your understanding!\*\*\****