

**Grand Coulee Dam School District
JOM Funding Request Application**

Program / Project Title: _____

Date: _____

Applicant's Name: _____

Is this a continuation of an existing program?
 Yes No

Contact Person: _____

Program / Project Start Date: _____

Telephone: _____

E-Mail Address: _____

Ending Date: _____

Proposed Program / Project Budget

EXPENSES

Materials \$ _____
 Equipment \$ _____
 Other \$ _____
TOTAL \$ _____

**Total Amount of
Funds Requested**

INCOME

Materials \$ _____
 Equipment \$ _____
 Other \$ _____
TOTAL \$ _____

Please return completed form to a JOM PAC Officer.

Additional comments may be attached.

*All applicants are encouraged
to present their plans / request in person.*

CHECK PAYABLE TO WHOM (NAME / COMPANY): _____

SIGNATURE OF PERSON SUBMITTING REQUEST: _____

DATE FUNDING REQUEST WAS APPROVED: _____

SIGNATURE OF PERSON APPROVING REQUEST: _____

SIGNATURE OF JOM PAC COMMITTEE CHAIR OR INDIAN EDUCATION DIRECTOR: _____

SIGNATURE OF JOM PAC COMMITTEE MEMBER: _____

FOR TREASURER'S USE ONLY!!

DATE: _____ **CHECK:** _____

AMOUNT: _____ **LEDGER ACCOUNT:** _____

_____	Lake Roosevelt Elementary School
_____	Lake Roosevelt Jr. High School
_____	Lake Roosevelt High School

_____ No. of Students Funding will Assist