## GRAND COULEE DAM SCHOOL DISTRICT JOM PAC APPLICATION FOR FUNDING REQUEST Program/ Project Title:

Date:	Program/ Project Title:		
Applicant's Name:	Is this a continuation of an existing program?		
Contact Person:	_	-	
Telephone:	☐ Yes	□ No	
Telephone.	Program/ Project Start Da	te:	
E-mail Address:			
	Ending Date:		
Proposed Program / Project Budget			
	EXPENSES	ф	
	Materials Equipment	\$ \$	
	Other	\$ \$	
	TOTAL	\$	
	INCOME		
	Materials	\$	
Please return completed form to a JOM PAC Offic	Equipment Other	\$	
Additional comments may be attached.	TOTAL	\$ <b>\$</b>	
All applicants are encouraged to present their plans/requests in person.		,	
I 1	<b>Total Amount of Fur</b>	ıds	
	Requested	\$	
CHECK PAYABLE TO WHOM (NAME/COMPAN SIGNATURE OF PERSON SUBMITTING REQUE DATE FUNDING REQUEST WAS APPROVI SIGNATURE OF PERSON APPROVING REQUE	ST: ED: ST:		
SIGNATURE OF JOM PAC COMMITTEE CHA			
SIGNATURE OF JOM PAC COMMITTEE MEMBI	ER:		
FOR TREASURER'S USE ONLY			
DATE:		CHECK:	
	ER AMOUNT:		
AMOUNT:			
No. of	students funding will assist		

Lake Roosevelt Elementary School Lake Roosevelt Junior/Senior High School