

Funding/Reimbursement Request Form

The following form must be used to request funding from the Santa Rosa French-American Charter School Foundation. All funding requests must be received by a Foundation Board member by the end of each month. It is recommended that requests be made before funds are spent on a project. Funding requests above \$250 will be reviewed by the Foundation Board at the next regular Board meeting; lesser amounts, and/or funding requests that are urgent or time-sensitive may be reviewed and approved by the Board outside of the regular monthly Board meetings. To further explain your funding needs, you may include attachments with this form. Whenever possible, please include bids or estimates, or receipts if for reimbursement. The Foundation cannot guarantee the funding or reimbursement of expenses related a project until it has been approved. A member of the Foundation Board will communicate final determination of all requests to the requestor.

1) Request/Project Name or Title:

2) Name of Requestor & Participants:

3) Requestor Phone Number & Email Address:

4) What is the dollar amount of your request/project:

5) Reason for Request (please explain in detail why the funding is needed, how it benefits the school and supports the charter, and how it will be used):

6) If your funding request is not approved, will you be able to complete your project? Please explain:

7) Have you received funds from other sources to help fund your project? If so, what are they?

8) What is the schedule/timeline of your project? Does the project have fixed deadlines, which will help in determining the priority/timing of Board review and approval? (Attach detailed plan if available.)

Printed Name: _____ Date: _____

Signature: _____

Make Check Payable To: _____

Check Mailing Address: _____

Foundation Review Date: _____ Approval/Rejection Determination: _____

Approved Amount: \$_____

Foundation Review Summary:

