



## Bellevue International School PTSA Curriculum Enrichment Grant Application

Grant application deadlines are posted on the PTSA website here: <https://isptsa.org/Page/Grants/Grants>  
 The Winter 2024 Semester deadline for applications is Feb 4<sup>th</sup> 2024.

**INSTRUCTIONS:** Please provide all the information requested in this form and signatures prior to submission. The greater the completeness to this form the better the Grants Committee will be able to make informed decisions especially in cases where total application amounts exceed available budgets, which is very common.

Submit completed application by e-mail to ISPTSA Grants Committee at [grants@isptsa.org](mailto:grants@isptsa.org).

<p><b>For which department and class (or program, club, etc) is this request?</b></p>
<p><b>How will the funds be used?</b></p>
<p><b>How does this request improve the department or class curriculum?</b></p>
<p><b>How important is this request? What is the impact if the items requested in this application are not approved?</b></p>
<p><b>Any additional information related to request decision-making that the Grants Committee should know?</b></p>
<p><b>For Clubs: what is (a) the club charter, (b) goals, (c) student expectations, (d) how many students &amp; faculty participate currently, and (e) how are new students, faculty, and the IS community invited to participate?</b></p>
<p><b>Total Amount Requested:</b> Please clarify what all is included vs minimum partial funding. Itemize all costs including shipping, handling, taxes, etc in the table below</p>

<b>Minimum Partial Funding:</b> Please clarify (a) what the minimum amount includes vs what is requested for the total amount, and (b) how minimum partial funding impacts your program. Please itemize in the table below.	
<b>Date funds will be used by:</b> (if funds not used by this date, they will be un-allocated)	
<b>For how long will the benefit be realized?</b> (i.e. 1 year, 5-10 years, on-going)	
<b>Has this request been made before?</b> (If Yes please clarify when)	
<b>Was the prior request approved?</b> Please elaborate (a) how much of the prior requested funds were used (b) why additional funding is requested and (c) when you submitted the statement of value and results achieved for the prior grant funding request	
<b>What other funding sources were pursued for this?</b> (Who, how much, when?)	
Approximate Number of students benefiting:	
Grade Levels benefiting:	
Department/Club benefiting:	
Applicant Name:	Applicant Email:
Date of Submission:	<input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Teacher
Applicant Signature:	Department Head/Club President Signature:

## Budget for Grant Application

Date Received:	Date Reviewed:
Approved by Grants Committee:      Yes / No / Deferred	Returned for More Information:      Yes / No
Reason for Decision:	
PTSA Board Decision: Approved / Not Approved	Decision Date:
Amount Approved:	
Reason for Decision:	

International School Principal Signature:	

**Please list out the cost for your proposal. Have price estimates prior to submitting application.**

Description	Minimum Partial? (Y/N)	Unit Cost	Unit Shipping Handling Tax	Quantity	Total Cost

**Sub Total** \_\_\_\_\_ **Shipping, Handling, Tax** \_\_\_\_\_ **Total** \_\_\_\_\_

Please include Shipping, Handling and taxes. Only the amount of the award will be reimbursed.  
 All purchases will be made through the office manager, who work with ISPTSA treasurer for reimbursement.

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**FOR PTSA USE**