

EMERALD RIDGE PRIDE

REQUEST FOR FUNDS/SUPPORT CONTRACT

Date of Request: \_\_\_\_\_ Date Needed by: \_\_\_\_\_

Name of Club/Organization \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Number of PRIDE members: \_\_\_\_\_

Please attach a list of students in your organization/group.

REQUEST FOR: \_\_\_\_\_ Support, volunteers \_\_\_\_\_ Loan \_\_\_\_\_ Donation \_\_\_\_\_ Other

Please describe the project/program/special need that you would like to present to PRIDE for application of support:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
Have you cleared this with ERHS Administration? \_\_\_\_\_
What other resources have you contacted for assistance with this request? \_\_\_\_\_
\_\_\_\_\_
What fundraiser efforts have you made to earn funds? \_\_\_\_\_
\_\_\_\_\_
If for support of a student, what is the student expected to pay personally? \_\_\_\_\_
\_\_\_\_\_
How many students are impacted by this contribution? \_\_\_\_\_

INSTRUCTIONS FOR COMPLETING FORM

- 1. Forms must be completed, signed, dated and received by the PRIDE Booster Club prior to the Board meeting that takes place the first Tuesday of each month; so that all requests can be reviewed by Cabinet.
2. Please provide a clear and detailed reason for the request. We would like to encourage you to attend the meeting to personally present your request. Please contact the PRIDE President, Jodi Scott at 253-841-4659 to make arrangements.
3. If you are requesting reimbursement of monies you have advanced for the club/organization, copies of the Receipts must be attached to Funds Disbursement Request Form.
4. All "Cabinet Approved Requests" are paid upon receipt of Invoice or Receipt. Checks cannot be written without invoice or receipt.
5. The name and address of the Payee must be filled out. If this information is not provided, the request cannot be processed.
6. If you have questions, please contact ER PRIDE President, Jodi Scott at 253-841-4659 or Laurie Kajca at 848-2254. 254-848-2254.

PRIDE ASSOCIATION USE ONLY
Amount Approved: \$ \_\_\_\_\_ Date Approved: \_\_\_\_\_
ER Pride President Signature: \_\_\_\_\_ Comments: \_\_\_\_\_