

El Centro Education Foundation
Funding Request Form

District: _____ School: _____

Name of Organization or group _____

Contact Person: _____ Phone: _____

Organization's Address: _____

Amount Requested: _____

What specific project is the funding sought for? (Please do not request money for field trips)

How is the money to be used? (please be specific) _____

1. Transportation cost: _____
2. Lodging cost: _____
3. Meal cost: _____
4. Entry fee if applicable: _____
5. Other costs: _____

Number of students being served or attending this activity: _____

What other sources of money does your organization have and have you had any type of fund raiser(s)? _____

What are the specific results the funding money can be expected to achieve?

Name/ Title of Person Requesting Funds: _____

Request Dated: _____

Date Funds Needed: _____

***The types of activities that will be supported include but are not limited to: Band or Orchestra adjudication, defray the costs of student competitions for Robotics, Mock Trial, HOSA, SAVAPA, FFA, etc., a consultant that will benefit a large group of students or other types of activities where a group is representing the school district.

Please submit this request to Carol Taylor at the CUHSD office located at 351 Ross Ave., El Centro, Ca., six weeks prior to the event in order to process the request.