



REQUEST FOR FUNDRAISING/GRANTS/DONATIONS

Date:

Name of Organization:
(Fundraising/Grant/Donation)

MPS Contact Person(s):

Email Address:

Telephone Number:

Proposed Project and Purpose:

Anticipated Revenues:

Date(s) of Fundraising:

Total Grant/Donation Request:

Other Comments/Information:

Principal or Designee Signature: _____ Date:

Superintendent Signature: _____ Date:

MPS Staff member requesting funding from external organization must inform the Principal/Supervisor and Superintendent of the outcome, as soon as a decision is made relative to funding.