



FUNDRAISING/GRANTS/DONATIONS FORM

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 organizations must inform the Building Administrator/Supervisor and Superintendent of the outcome, as soon as a decision is made relative to funding.