

Date received: _____

Month on Agenda _____

Approved Denied



STEM or TECHNOLOGY FUNDS REQUEST

(FOR REQUESTS UNDER \$250)

****This form can be submitted to the Assistant Principal at any time funds are needed for STEM or TECHNOLOGY projects. Receipts may be submitted after a project has been complete, however, there is no guarantee of approval. Requests are reviewed ongoing during the year until the funds have been depleted.****

Priority is given to requests that:

- Are STEM or TECHNOLOGY based
- Is less than \$250.00
- Provides ongoing benefit to the Keheley community
- Has met deadlines and requests for information as stated by this form

Project Name _____

Date funds are needed: _____ To whom should money be paid: _____

If approved, Keheley Foundation will write a check to the person or business listed above.

Project Leader(s) _____

Primary contact email: _____

Area of project focus: Literacy/ELA STEM Special Education
 Health Community Advanced Learners
 Cultural Arts Other (please specify) _____

ON THE BACK OF THIS FORM: Please provide a description of the project and how it will benefit the Keheley community. Attach any supporting documentation you feel will be helpful.

Involvement:

How many staff involved: _____ How many students **directly** involved: _____

Financial Request:

Total cost of this project: \$ _____ Total funds requested from Foundation \$ _____

Please provide a description of the funds needed from the Keheley Foundation to support this project.

VENDOR	ITEM DESCRIPTION	AMOUNT
Total		

Monies will be paid to vendors upon receipt of invoice. Reimbursements will be written to project leader(s) when receipts have been received.