

**Oak Street Parent Teacher Organization, Inc.**  
70 West Oak Street  
Basking Ridge, NJ 07920

**Mini-Grant Application**

Please fill out the following application in its entirety and email to Dr. Costa no less than one week before the next PTO Board meeting, which most often occurs the second Monday of every month when school is in session. Type in the grey fields and use the mouse or the tab key to move to the next form field.

If pre-approved, Dr. Costa will email the application to Donna Giordano and Mary Schiffer ([donnagio22@yahoo.com](mailto:donnagio22@yahoo.com), [marykaylbi@gmail.com](mailto:marykaylbi@gmail.com)). *You will be notified of approval or denial within 2 days of the PTO Board meeting.* If your application cannot wait to be reviewed, please indicate your emergency request as seen below. Please feel free to attach additional pages or documents to illustrate your proposal.

Date: \_\_\_\_\_ Urgent approval needed? \_\_\_\_\_ If yes, by when? \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Grade(s) or Area(s) Supported: \_\_\_\_\_

Title of proposed request: \_\_\_\_\_

Type of request (mark below with an X):

\_\_\_\_\_ Training \_\_\_\_\_ Supplies If Supplies is marked, are they reusable? \_\_\_\_\_

Brief description of proposed request: \_\_\_\_\_

Describe how the training or supplies enhance your current curriculum: \_\_\_\_\_

Mini-Grant cost: \$\_\_\_\_\_

Itemize proposed expenses below:

Item	Quantity Needed	Cost

Have you received a Mini-Grant for the same request before? \_\_\_\_\_

If yes, provide date: \_\_\_\_\_

Additional information included? \_\_\_\_\_ If yes, insert text here: \_\_\_\_\_

*Do not type below this line*

Date Application Received: \_\_\_\_\_

Dr. Costa's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

PTO Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Notified of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Funds Dispersed: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_