

Benefit(s) to the children: _____

Implementation Procedure(s): _____

Amount Requested: _____

Supplies Needed: (PLEASE be as specific as possible, including vendors, websites, item #’s, etc.)

Principal’s Approval for submission to PTO: _____ **Date:** _____

**PLEASE RETURN YOUR GRANT SUBMISSION NO LATER THAN
FRIDAY, NOVEMBER 6TH, 2020**

to the PTO Presidents Mailbox or email them directly to:

contact@cucinellapto.org

THANK YOU!