

Claremont Middle School PTA
FY 2017-2018 Budget Proposal

**PLEASE EMAIL ALL
COMPLETED FORMS TO
PTA PRESIDENT:**
SCHREIBC@COMCAST.NET

Program Name: _____

Primary Contact Person: _____

Phone Number: _____

E-mail Address: _____

Program Description: (Please include a narrative statement. Specify program goals, why the school needs this program, who will be served by this program, how the program integrates with the school's curriculum (or if no integration required, please state that), who are the individuals involved, etc.)

Is this request for an ongoing program or one-time expense? _____

Timeline for implementation: _____

Number of students to participate: _____ Grade levels: _____

Review and Reporting: (How will the PTA know that the goals have been met? How will the effectiveness of the program be measured?) **Please describe:**

Will the proposal require the establishment of a new PTA committee? _____

Who has been identified to chair/oversee the committee/program? _____

Did you explore and/or are you aware of other alternatives to funding that may support this proposal? (e.g., combining the program with another committee, SIP funds, OUSD, foundation or corporate grants, etc.) **Please describe:**

What is the total of personnel costs for this program? \$_____

What is the total of all non-personnel costs for this program? \$_____

What is the **TOTAL** of your **2016-2017** budget request? \$_____

Please attach a detailed annual budget. Include costs for personnel/consultants (including # of hours and cost per hour), services, capital equipment (# of items at what cost), disposable materials & supplies, miscellaneous items (insurance, etc.).