Grant Request

Team/Club Name: ________________________________ Date: ___________
Applicant Name: ______________________________ Email: ___________________________
Relationship to Team/Club: _______________________________

Please attach supporting documents and briefly describe what the funds will be used for:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Amount Requested: $ ____________ Total Cost of Project: $ ____________

☐ Yes ☐ No ☐ Don't Know Will you be doing any additional fundraising or receiving funds from any other source?
☐ Yes ☐ No ☐ Don't Know Do you have funds in your ASB account? If yes, can ASB funds be used? ______
☐ Yes ☐ No ☐ Don't Know Does the District or CHS administration have funds available for this type of request?
If yes to any of the above, please describe:
________________________________________________________________________________
________________________________________________________________________________

How many students will benefit? ______________________________

When will the students see the benefit? ______________________________

Principal/AP Hoffman Signature: ______________________________ Date: ___________
CHS Advisor/Coach Signature: ______________________________ Date: ___________
ASB Advisor/Other (if needed): ______________________________ Date: ___________

How To Submit: Email to ClairemontHSF@gmail.com, deliver to the Foundation mailbox in the CHS office or in person* at the monthly Foundation board meeting (“best method for quickest turnaround).

All requests are reviewed at the monthly board meeting.
Meetings are the 3rd Tuesday of the month at 6:30pm on campus.
Everyone is welcome to attend so we can ask questions if needed for faster turn-around.

For CHS Foundation Use Only: Prior funding info:
Date received/reviewed: ________ Date approved: ________ Amount Funded: $ ____________
Check #: ____________ Date Processed: ________ Board Member: ____________
Notes: ____________________________________________________________________
Grant Request Information

How It Works:
Use the Grant Request form to request the CHS Foundation to support your project. Attach supporting info.

CHS Foundation works to fund grants that provide the extra resources your group requires for a much-needed program or purchase necessary supplies. We seek to approve grants that will have a positive impact on the entire CHS community, both directly and indirectly. Grants are typically funded up to $250.

Help Us, Help You:
CHS Foundation relies on donations from our CHS community, local businesses and CHS families to fund these grants, so please help recognize the Foundation by promoting our contributions to your efforts.

How To Use Your Approved Funds:
1. Submit a completed Payment Authorization form - available at CHSFoundation.info
2. Attach all receipts/invoices and include the disbursement instructions.

How To Submit Completed Paperwork:
ASB Advisor/Other signature is required when directed by CHS Administration or requested by the Foundation. (Other possible signatures: facilities, Athletic Director, advisor, etc.)

- Email to ClairemontHSF@gmail.com
- Deliver to the Foundation mailbox in the school office.
- In person at the monthly Foundation board meeting (best method for faster turnaround. By attending in person, you can present the request and all questions can be addressed.)

All requests and payment authorizations are reviewed at the Foundation monthly board meeting - 3rd Tuesday of the month at 6:30pm on campus at CHS. Everyone is welcome to attend.