Grant Request Form

Please complete and submit this form using the following procedures:*

- Grant Request Form must be completed and submitted by the requesting coach, trainer, or AD
- Completed Grant Request Form should be submitted for review by AD. Allow sufficient time for AD to review. Delivery of AD-approved requests to Boosters Co-Presidents by the 1st of the month (prior to Executive Board Meeting).
- Grant Request will be discussed at the Boosters General Meeting. Submitting individual (Coach, Assistant Coach, Trainer, AD) to attend meeting to support request and respond to any questions.
- Vendor's estimated costs must be submitted with Grant Request Form.
- Proposal should be submitted and approved *before* the purchase of any item, as there is no guarantee that a Grant Request in part or whole will be approved.
- Coach/Trainer/AD will be notified by the Boosters Co-President if the Grant Request is approved or denied, and the amount if approved.

Please present completed form or email to:
Dan Healy, Athletic Director dhealy@summit.k12.nj.us.

Name of Team	
Name of Requesting Coach/Trainer	
Contact Information (email and phone)	
Explanation of Request	
TOTAL Amount Requested (Sum of lines below)	
Estimated Purchase Price	
Shipping Costs	
Other Expense†	
†Explanation of "Other Expense"	
Indicate any other teams/clubs that might share or benefit from the request	
Date received by Athletic Director	
Date reviewed/approved by AD for submission to Boosters	
Date presented to Boosters	
Request accepted/denied by Boosters (Circle/indicate decision and date)	
Amount approved by Boosters	

**Extenuating circumstances should be discussed with AD*

Invoice Submission Form

for Payment of Approved Grant Request

Please complete and submit this form using the following procedures:

- Invoice Submission Form must be completed and submitted by the requesting coach, trainer, or Athletic Director
- Invoice for the approved Grant Request must accompany the completed Form

Please email or mail completed Form with Invoice to Boosters Treasurer:

Danielle Maloney
224 Oak Ridge Avenue, Summit NJ 07901
wdmaloney@aol.com

Name of Team	
Name of Requesting Coach/Trainer/AD	
Contact Information (email and phone)	
Description of Approved Request	
Amount approved by Boosters	