



## Request for Funding Instructions

The Denair Education Foundation, a community-based organization, exists to enhance learning experiences for students of the Denair Unified School District through a partnership of business, education, and the community.

Our mission is: ... *to enrich and improve the quality of the educational environment for the students of the Denair Unified School District.*

While Denair Education Foundation will consider all requests, the above statements are the criteria used when evaluating an application.

Please complete the request form and email to: [sec@denairedfoundation.org](mailto:sec@denairedfoundation.org)

or fax to: 1-800-930-6539

You will receive acknowledgement that your request has been received.

Your request will be added to the agenda of the next scheduled meeting. Requests may be dealt with by the board in between meetings if funding is needed prior to a set meeting date.

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### Denair Education Foundation Funding Policy

A) Additional funding over the amount originally requested and/or awarded is subject to further Denair Education Foundation Board approval and is not guaranteed.

B) Reimbursement or direct payment of third-party invoices or receipts for expenses related to the event submitted more than thirty (30) days after the date of the event are subject to additional Denair Education Foundation Board approval and are not guaranteed.

C) If funding is being provided in advance of a grant, in addition to A and B above, receipts that qualify for reimbursement under the grant must be submitted within fifteen (15) days of the date of the event. Reimbursement for receipts submitted after fifteen (15) days is not guaranteed and are subject to Denair Education Foundation Board approval and may not be disbursed until grant monies have been received.

Adopted: September 14, 2011



## Request for Funding

Date: \_\_\_\_\_ School Site: \_\_\_\_\_

Requested by: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project/Program Title: \_\_\_\_\_

Program Event Date(s): \_\_\_\_\_

Approximate number of students served: \_\_\_\_\_

Description of how the funds will be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please feel free to attach any additional material / information you would like included.

Amount of funds requested: \_\_\_\_\_

Due date: \_\_\_\_\_

Check payable to: \_\_\_\_\_

or Reimburse DUSD: \_\_\_\_\_

***\*\*By submitting this request you agree to the DEF Funding Policy\*\****

DEF Board Use

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Board Meeting Date: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: