



**WE'RE ALL IN THIS TOGETHER!**

# Challenge Parents Association

## CPA Funds Grant Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Proposed Use of Grant Funds (itemize if necessary):

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Attach any additional information to the back of the form.

Please submit this approved Grant Request Form with your Reimbursement Request Form.

FOR TREASURER'S USE ONLY

Grant Requested Approved by the CPA Board       Yes       No

\_\_\_\_\_  
CPA Treasurer 2008/2009

\_\_\_\_\_  
Date

Budget Line Item: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ Amount: \_\_\_\_\_

**BE A PART OF THE CHALLENGE!**