

# Gulf Breeze High School Advisory Council Funds Request Form

Date of the Request: \_\_\_\_\_

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

Not Approved: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

SAC Treasurer Initials: \_\_\_\_\_

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

Department: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Department Chair Signature

Principal's Signature

School Improvement Focus Area: \_\_\_\_\_

Have you previously **applied** for funding from SAC for this project?    \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you previously **received** funding from SAC for this project?    \_\_\_\_\_ YES \_\_\_\_\_ NO

What other sources have been considered? (Check all that apply)

Department Funds \_\_\_\_\_

PTSO Grants \_\_\_\_\_

School Board \_\_\_\_\_

Other (principal/fundraising) \_\_\_\_\_

**Please provide a prioritized list reflecting the amount of each requested item:**

- |          |              |
|----------|--------------|
| 1. _____ | Amount _____ |
| 2. _____ | Amount _____ |
| 3. _____ | Amount _____ |
| 4. _____ | Amount _____ |
| 5. _____ | Amount _____ |

**Please provide any other pertinent information that you would like the SAC Board to consider when reviewing your request:**

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