



Director Grant Request Form

Grant Title: _____

Funding Amount Requested _____

Date Request Submitted: _____

Date Funding Needed: _____

DESCRIPTION OF PROPOSAL

Would you accept partial funding: Yes No

Have you applied for, or are you receiving funding for this proposal from any other source: Yes No

If yes, please describe and attach the other application/request form: _____

Submitted by: _____

Telephone: _____

Email: _____

Approved by: _____

Date: _____

Please print, fill out and either scan and send PDF to me or e-mail me.

Please submit to: Jennifer Belz Belz@mchsi.com

Vocal Support Committee Only:
Approved: _____
Delayed: _____
Rejected: _____
Date/Initials: _____
Payment/Reimbursement procedure (to be filled out by Vocal Support grant committee):
_____ Purchase and provide receipt to Vocal Support for reimbursement
_____ Provide Vocal Support with invoice to pay vendor
_____ Other: _____
Date this Grant expires if receipts/invoices are not submitted for reimbursement: <input type="checkbox"/> (2 months from approval date)_____
(A signed copy of this form with payment/reimbursement instructions will be returned to the MHS Choral Department)

The mission of Vocal Support for Minnetonka Choir is to provide visibility, communication, and support for the choral music program across Minnetonka schools with resources that ensure growth and development for all students.