WEST VALLEY SCHOOL
PTA BUDGET REQUEST FORM

1. Program Name:_____
2. Committee Chair(s): _____
3. Phone Number(s)/ Email: _____

4. Program Category:
   Student Program School Services School Improvement
   PTA Administration Fundraising Other: _____

5. Program Description:

Please provide a brief description of the proposed program._____
_____
_____
_____
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_____

6. Funding Request:

Expense Item	06/07 Budget	07/08 Request
Other Sources of Income (see below)		
Total PTA Request		

7. Please list any other sources of possible income for this program (i.e. grants, parent contribution, corporate sponsorships, etc): _____
   _____

8. Timeline: (At what point in time during the school year will the majority of funds be expended?) _____

9. **Program Justification** (Direct/Indirect Benefit to School Community)

10. If this committee had to provide a pared down version of the proposed program, what would this entail? What would be the budget savings and impact to the program?

11. **Five Year Plan**: How does this committee anticipate this program functioning within the next five years? How will this effect future budget requests?