PTSA Program Planning Form

Cedar Trails PTSA
4399 Issaquah-Pine Lake Rd
Sammamish WA 98075
www.cedartrailsptsa.org

This form is required by ALL new and existing programs requiring PTSA sponsorship or funding. Please return the completed form to any member of the PTSA board of directors at least 60 days prior to the start date in case additional information is needed and to provide enough time for the board to consider the application and vote.

** All program forms are reviewed based on the fit with the PTSA's mission and goals for the year and the PTSA budget. The applicant of a new program is not presumed to be, not guaranteed the job of committee chairperson, and will be notified when the application has been proved or denied. ** - Per Washington State Bylaws.

Chair/Applicant's Name: _____	Phone: _____	Email: _____

Program Information

Program Name (event/fundraiser/service): _____

New or Existing Program? _____ | Date Submited: _____

Timing (start/end dates, times? Ongoing?) _____

_____

Proposed Budget

Expenses (total cost): _____

Details of what money is to be used for, including ongoing maintenance costs: _____

_____

Income (how much revenue will this generate and how)? _____

_____

Non-Monetary Resources

Number of volunteers and description of work: _____

_____

Facilities/Equipment: _____

Does it require contracts? (2 elected officers must sign ALL contracts) _____

Any other details the board should know? _____

No committee chair or applicant can obligate the PTSA to a program, project, activity, fundraiser, or any obligation financial or otherwise, without the approval of the board of directors.

For PTSA board use

Date Received: _____	Received by: _____
Approved: _____ Denied: _____	Date Applicant Notified: _____
Budget Approved: _____	

Original to Secretary. If approved copies to treasurer and program binder/drive.

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