**Section 1: Type of Request**

JCP Student Organization  Faculty/Administration Athletic or other JCP Department

**Section 2: Grant Request Overview**

**PLEASE SUBMIT GRANTS FOR APPROVAL A MINIMUM OF 30 DAYS PRIOR TO DATE PAYMENT NEEDED DATE.**

Date Submitted to FOJ: Click or tap to enter a date.

JCP Organization/Department Requesting Funds:



Amount:



Date Needed: Click or tap to enter a date.

Requestor (Full Name):



Requestor Role: Student Organization Advisor  Faculty  Dept Head  Admin Team  Other

Requestor Email: Requestor Phone:



**Section 3: Grant Details**

**NOTE: FOJ Grants may only be used to support JCP students and JCP sponsored activities. If there are non-JCP students or multi-schools/organizations engaged, those individuals and other schools/organizations portion of the budget are not eligible.**

Grant Description:



Number of People Impacted:



Reason for Grant Request:

Non-CPS Vendor

Gap Between Fundraising/Budget and Need

Unplanned Expense

Other

Has any other fundraising been done for the request:  Yes  No  Unknown

**NOTE: BUDGET DETAILS MUST BE SUBMITTED WITH GRANT REQUEST**

**Section 4: Payment Details**

CPS Approved Vendor:  Yes  No  Unknown

Date Needed: Click or tap to enter a date.

Payee Name:



Payee Address:



Payee Phone:



**NOTE: For vendors, a W9 submission is required before payment can be made. FOJ payments will be processsed within 30 days of receiving all necessary paperwork**

**Section 5: Signatures**

| Request Type | **Student Organizations** | **Faculty/Administrators** | **Athletic or Other Dept.** |
| --- | --- | --- | --- |
| Requestor | Student Organization Advisor | Teacher or Administrator |  |
| Signatures | 1. Student Organization Leader 2. Asst Principal or Principal 3. Finance Director | 1. Teacher or Administrator 2. Department Head, Asst Principal, or Principal 3. Finance Director | 1. Coach or other advisor 2. Athletic Director or other Dept Head 3. Asst Principal or Principal 4. Finance Director |

Requestor: Date: Click or tap to enter a date.



Approver 1: Date: Click or tap to enter a date.



Approver 2: Date: Click or tap to enter a date.



Approver 3: Date: Click or tap to enter a date.



Fin Director: Date: Click or tap to enter a date.



**Please download as a pdf and submit grant application with any estimates, receipts, contracts and invoices to** [**grants@friendsofjones.org**](mailto:grants@friendsofjones.org) **with a cc for all approvers a minimum of 30 days prior to date grant is needed.**

**Attachment 1: Budget Details**

**Please Include full budget for expense, including items not covered being requested from FOJ.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description/Quantity/Cost per Item** | **Total Cost of Item** | **Amount Requested from FOJ** | **Amount Covered by Other Sources** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Cost of Items** | **Total FOJ** | **Total Other Sources** |
|  | $ | $ | $ |