



Grant Request Form

Please complete and submit this form using the following procedures:*

- Grant Request Form must be completed and submitted by the requesting coach, trainer, or AD
- Completed Grant Request Form should be submitted for review by AD. Allow sufficient time for AD to review. Delivery of AD-approved requests to Boosters Co-Presidents by the 1st of the month (prior to Executive Board Meeting).
- Grant Request will be discussed at the Boosters General Meeting. Submitting individual (Coach, Assistant Coach, Trainer, AD) to attend meeting to support request and respond to any questions.
- Vendor’s estimated costs must be submitted with Grant Request Form.
- Proposal should be submitted and approved *before* the purchase of any item, as there is no guarantee that a Grant Request in part or whole will be approved.
- Coach/Trainer/AD will be notified by the Boosters Co-President if the Grant Request is approved or denied, and the amount if approved.

Please present completed form or email to:

Harvey Cohen, Athletic Director hcohen@summit.k12.nj.us.

Name of Team	
Name of Requesting Coach/Trainer	
Contact Information (email and phone)	
Explanation of Request	
TOTAL Amount Requested (Sum of lines below)	
Estimated Purchase Price	
Shipping Costs	
Other Expense[†]	
[†] Explanation of “Other Expense”	
Indicate any other teams/clubs that might share or benefit from the request	
Date received by Athletic Director	
Date reviewed/approved by AD for submission to Boosters	
Date presented to Boosters	
Request accepted/denied by Boosters (Circle/indicate decision and date)	
Amount approved by Boosters	

**Extenuating circumstances should be discussed with AD*



Invoice Submission Form
for Payment of Approved Grant Request

Please complete and submit this form using the following procedures:

- Invoice Submission Form must be completed and submitted by the requesting coach, trainer, or Athletic Director
- Invoice for the approved Grant Request must accompany the completed Form

Please email or mail completed Form with Invoice to Boosters Treasurer:

Danielle Maloney
224 Oak Ridge Avenue, Summit NJ 07901
wdmaloney@aol.com

Name of Team	
Name of Requesting Coach/Trainer/AD	
Contact Information (email and phone)	
Description of Approved Request	
Amount approved by Boosters	