

**REQUEST FOR FUNDS FORM**

*Since 1974 the CHS Cougar Boosters, a 501(c)(3) corporation, has provided critical financial support for the extracurricular programs at Columbia High School. These funds have been used to allow student organizations and athletic teams to participate in team events and club activities, present award winning musical and theatrical performances, replace aging equipment, enter and host prestigious academic competitions, publish student writings, enhance school and athletic facilities and so much more…*

**Advisors/Coaches/Parents**

**All Student Organizations or Athletic Teams must fully complete the attached form**

**to request funds from the CHS Cougar Boosters.**

* The CHS Cougar Booster Club (Boosters) meets monthly to consider requests for funding in support of Columbia High School extracurricular activities.

* To ensure the Boosters have all the information needed to discuss your request, we suggest you submit the form several days in advance of the Booster meeting.

* All questions below must be answered completely in order for the Boosters to discuss and vote on your request. You may attach additional information to support your request. The more complete and specific the request, the faster we can discuss and vote on the outcome.

* Our mission is to assist in funding the extracurricular activities, clubs and sports at CHS; however, we must follow the guidelines and by-laws of our corporation, which require specific documentation for grants awarded, in order to maintain our non-profit status.
* If the request form is incomplete, or if the Boosters have additional questions regarding the request, a decision may be postponed until the following month. The CHS Athletic Director will contact you to request the missing or additional information.
* If your request for funding has been approved contingent upon providing additional documentation, you must provide the requested documentation within 120 days from first notification of approval. Documentation not provided within 120 days will result in the approval being rescinded and you will be required to re-submit a new Request for Funds Form.

* If you have any questions you may contact: Treasurer Jim Calabrese at jim\_calabrese\_mrf@mac.com or Interim Athletic Director Ken Mullen at (973) 762-5600 ext. 1024 or kmullen@somsd.k12.nj.us

**GENERAL INFORMATION**

Name of Club/Sport/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor/Coach/Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number (include CHS extension if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF YOUR REQUEST**

(attach additional pages if needed)

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***Please attach any catalog or pricing information, including estimates, to ensure you have competitively priced the item(s) you are seeking to purchase.***

Total cost of item(s) requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT:** *Describe what your organization has done to raise money to assist with the funding of this request:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Money raised to date toward total cost of item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested by your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of students that this funding will impact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your request is approved:

* how should the check be made payable? (*Please note: your organization needs to have a checking account*)

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* where should the check be mailed?

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**Return this form and all supporting documents to Athletic Director Ken Mullen**

**FOR COUGAR BOOSTER USE:**

Meeting date during which request was considered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision: APPROVED\_\_\_\_\_\_\_\_ DENIED\_\_\_\_\_\_\_\_\_\_ TABLED \_\_\_\_\_\_\_\_

*If APPROVED:*

Amount \_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

*If DENIED:*

Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*If TABLED:*

Information requested for next meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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