

## **Comet Co-curricular Committee (PMC3) Grant Application**

Date Co-Curricular Activity (CCA)	
Advisor/Coach/Director I	Email
Phone(s)	
PMC3 General Membership rep	Email
Phone(s)	
CCA season: ( ) Fall ( ) Winter ( ) Spring ( ) All Year	
Approximately How many students would benefit from this	request?
Brief Description of Grant Purpose:	
Requested Amount of Grant \$ # O  • Grant requests require a minimum of two estimates  • Please attach copies of estimates/quotes  • If unable to provide two quotes, attach written explain	
Are you willing to accept partial funding? ( ) Yes ( ) No. 1   • If yes, what is the minimum amount needed from PN.	
Is this a joint grant request? With which CCA(s)	
Are you the lead CCA on this joint request? ( ) Yes ( ) No	
Will this grant benefit other CCAs not part of a joint request?	If yes, identify the other CCA(s) and explain.

additional information as needed.	erience. Attacii
Please provide a detailed breakdown of your requested grant funds. Examples include UNIT COST, SHIPPING, TRANSPORTATION, EXPENSES, TAX and TOTAL COST.	ITEM, VENDOR,
<ul> <li>By signing this document, applicants agree to all PMC3 policies, guidelines, term requirements.</li> <li>Applicants agree to provide PMC3 with receipts and documentation (preferably video) showing that grant monies have been spent in accordance with the grant receipts.</li> </ul>	y photographic or
Signature of Gen. Membership Rep or Administrator	Date
Signature of Advisor/Coach	Date
Signature of Joint Applicant	_ Date
Signature of Joint Applicant Advisor/Coach	Date
Signature of Joint Applicant	Date
Signature of Joint Applicant Advisor/Coach	_Date
Signature of Joint Applicant	Date

Signature of Joint Applicant Advisor/Coach \_\_\_\_\_\_\_Date \_\_\_\_\_