Mountain Phoenix
community school

4725 Miller Street
Wheat Ridge, CO 80033
303.728.9100 school
303.728.9801 fax

CLASSROOM/CAMPUS FUNDING REQUEST

NAME/TITLE: _____ DATE:_____

EMAIL: _____ PHONE:_____

IF FUNDING REQUEST IS TO BENEFIT A SPECIFIC CLASSROOM:

Grade: _____Teacher:_____

Teacher/Faculty Signature: _____

WILL THE PURCHASE (circle response): remain in the existing classroom, follow the class to the next grade, or be used up during the current school year?

Is this a request to access funds that currently exist in the classroom account held by the Foundation?

DESCRIPTION OF REQUEST:

PURPOSE OF REQUEST:

HOW DOES THIS REQUEST BENEFIT THE COMMUNITY?

HOW DOES THIS ALIGN WITH THE CORE VALUES, MISSION AND/OR STRATEGIC PLAN OF MPCS?

TOTAL COST OF THE REQUEST: $ _____ AMOUNT BEING REQUESTED: $ _____

Please attach an itemized list (or bid) that details your purchase request with applicable time frames, dollar amounts, vendors, etc. Be as detailed as possible.

HAVE DONATIONS BEEN SOLICITED? IF SO, HOW MUCH MONEY HAS BEEN RAISED AND HOW?

WHAT IS THE ALTERNATIVE IF FUNDS ARE NOT AVAILABLE?

WOULD YOU ANTICIPATE NEEDING THESE FUNDS EVERY YEAR?

Mountain Phoenix
community school

4725 Miller Street
Wheat Ridge, CO 80033
303.728.9100 school
303.728.9801 fax

SUBMISSION PROCESS

Submit your completed form and all invoices/receipts to **foundation@mountainphoenix.org** or provide a hard copy in the MPCS Foundation drop box in the Administration building. The Foundation meets monthly to discuss funding requests. All requests need to be received by the first of the month to be put on the agenda for discussion at that month's meeting.

TO BE COMPLETED BY MPCS ADMINISTRATION

This item/project (check all that apply)

- Aligns with MPCS's overarching vision, mission and values
- Supports Waldorf-inspired classroom, curriculum, programs and culture
- Does NOT conflict with any other known Master Planning or operational initiatives
- Is not part of the school's operational budget because

Director of Education: _____ Date: _____

Director of Enrichment and Student Support: _____ Date: _____

TO BE COMPLETED BY MPCS FOUNDATION

APPROVED:_____YES _____ NO AMOUNT APPROVED: $ _____

Signature: _____Date: _____