

**COUGAR BOOSTER CLUB OF MAPLEWOOD & SOUTH ORANGE
REQUEST FOR FUNDS FORM**

To the Advisor/Parent/Coach of this organization: To request a grant from the Cougar Booster Club please complete the following questions. You may attach additional information that will support your request, however, we must have the answers to the questions below in order to discuss and vote on this request. The Booster Club meets monthly. If a request is approved by the trustees a check can be issued that night to the organization. If the information is incomplete or if we have additional questions regarding the request, the decision may be postponed until the next month, in which case you will be notified by Dave Curtin. 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. If the required documentation is not provided within the 120 day time frame, the funding approval will be rescinded and you will be required to re-submit a new Request for Funds Form to be considered by the Booster Board. The more specific and complete this form is the faster we can discuss and vote on the outcome. In order to ensure that we have all the information needed to discuss your request, we suggest you submit the form several days in advance of the Booster meeting. Our mission is to assist in funding the extracurricular activities, clubs and sports at CHS; however, we must follow our guidelines and the by-laws of the corporation in order to maintain our non-profit status which includes specific documentation for grants awarded. If you have any questions you may contact: Mark Dilley (973) 202-7566 or e-mail markedilley@gmail.com or Dave Curtin: (973) 762-5600 ext. 1024.

GENERAL INFORMATION

Name of club/sport/activity: _____

Date of Request: _____

Contact Phone #: _____
(please include CHS v-mail ext., if applicable)

Coach/Advisor/Parent Name:

Contact E-Mail: _____

DESCRIPTION OF YOUR REQUEST

If applicable, please attach any receipts, copy of catalog item, invoice or other related information.

Total Cost of Item(s) Requested: \$ _____ Amount Requested: \$ _____

Total Number of Students that this Funding will Impact: _____

FUNDRAISING COMPLETED/PLANNED

What is your organization doing to raise money toward the funding of this request?

Money Raised to date toward Total Cost of Item: \$ _____

If your request is approved, how should the check be made payable? _____
(Please note: your organization needs to have a checking account)

RETURN THIS FORM AND ANY ATTACHMENTS TO THE OFFICE OF DAVE CURTIN

FOR COUGAR BOOSTER USE:

Meeting Date during which request was considered: _____

Decision: Approved: _____ Not Approved: _____ Tabled: _____

If Approved: Amount: _____ Check Number/Date: _____

If Tabled: Information Requested for Next Meeting:

If not approved: Rationale:
