

Request for Funding Omak Parent Support “OPS”



Please fill this form out completely. We have a limited amount of budgeted funds each year, please keep in mind that there is no guarantee that the amount requested will be approved.

Your request must:

- Fit within our goals for family engagement, employee wellness, and/or community engagement.
- Be made by a North, East or Middle School staff or representative.
- This form must be signed by a member of the school admin team, then forward onto the OPS team (OPS@omaksd.org) by the first Thursday of the month prior to funding needed.

Name: _____

Grade: _____

Email: _____

Cell Phone #: _____

Date funding needed by: _____

Amount requested: \$ _____

If approved will you:

___ Attach Receipt for Reimbursement

___ Provide shopping links & quantities for OPS to purchase

1. What is your Event/Occasion Name _____ Date: _____

2. What will this money be used for? Explain in detail.....

3. Are there other sources of funding you have utilized or plan to? If so, what?

4. How does this fit with the OPS Goals & Objectives? Select which goal this falls under, then explain how.

- ☐ Family Engagement
- ☐ Employee Wellness
- ☐ Community Engagement

Thank you for your request! You will be notified within 48 hours after our next scheduled meeting (we meet the first Thursday of the month throughout the school year).

Building Admin Signature: _____

Date: _____