



**John C. Fremont Elementary
PAC – Parents and Community**

Fremont PAC Grant Request Form

Grant Request: _____

Date Requested: _____ Projected date of implementation: _____

Estimated Costs: _____ Grant Beneficiary/ies: _____

Grant Description: (please provide a general description of the project or item for which funding is being requested. Please attach any supporting information as needed)

Requested by: _____ Signature: _____

Email: _____ Phone: _____

Principal Signature _____ Date: _____

FOR FREMONT PAC USE ONLY

DATE REC'D: _____ DATE(S) PAC BOARD DISCUSSED: _____

GRANTED

DENIED

REOCCURRING

APPLICANT NOTIFIED OF FINAL ACTION: _____ BY: _____