



# Bubbler Foundation Funding Request Form

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Complete this section if you are an employee of SMSD and requesting funds for an SMSD program/activity.**

School email \_\_\_\_\_ Building: \_\_\_\_\_

Department/Grade Level/Organization: \_\_\_\_\_

SMSD Administrator Printed Name: \_\_\_\_\_

SMSD Administrator Signature: \_\_\_\_\_

**Complete this section if you are requesting funds for a South Middleton Township community project/program/activity.**

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Department/Organization (if applicable): \_\_\_\_\_

**Applicant is a resident of South Middleton Township. Yes \_\_\_\_\_ No \_\_\_\_\_**

Description of Project (date(s) of activity, purpose, materials, number of people who will benefit, etc.):

Please describe how your project/program enhances education, arts, culture, athletics, environment, or health & wellness.

Amount of funds requested (total dollar amount including shipping costs, taxes, etc.) \$ \_\_\_\_\_

Can this program/project still be completed with partial funding? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to email updates and photos (if possible) of approved requests? Yes \_\_\_\_\_ No \_\_\_\_\_

**Requests should be submitted using 1 of these methods:**

1. SMSD inter-office mail - **District Office- Bubbler Foundation Attn: Executive Director**
2. Email to [Director.BubblerFoundation@smsd.us](mailto:Director.BubblerFoundation@smsd.us)
3. US Mail: Bubbler Foundation  
4 Academy Street Suite 100  
Boiling Springs, PA 17007

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**Bubbler Foundation Use Only**

\_\_\_\_\_ *Date Request Received by BF office*

\_\_\_\_\_ *Date Request forwarded to:* \_\_\_\_\_ *Education Committee* \_\_\_\_\_ *BF Board* \_\_\_\_\_ *Venture Grant*

\_\_\_\_\_ *Date Action was taken by BF* \$ \_\_\_\_\_ *Full Funding* \$ \_\_\_\_\_ *Partial Funding* \_\_\_\_\_ *Denied*

\_\_\_\_\_ *Date Decision was communicated to applicant*