



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
3. US Mail: Bubbler Foundation
4 Academy Street Suite 100
Boiling Springs, PA 17007

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*