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2327 L Street, Sacramento, CA 95816-5014

916.440.1985 • FAX 916.440.1986 • E-mail info@capta.org • www.capta.org

# APPLICATION HEALTHY LIFESTYLE GRANT

Grants are available for use by unit, council and district PTA/PTSA in good standing to develop and implement healthy lifestyle programs or projects. Applications MUST be signed by unit, council or district PTA/PTSA president. This completed form must accompany all required documentation.

**DUE DATE – NOVEMBER 15**  
**APPLICATIONS WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE**

Please type or print legibly.

PTA Name \_\_\_\_\_ California State PTA ID# \_\_\_\_\_

PTA Council \_\_\_\_\_ District PTA \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

PTA/PTSA president \_\_\_\_\_

Date PTA/PTSA membership approved this project \_\_\_\_\_ Grant Amount Requested \$ \_\_\_\_\_

**RESPOND TO THE FOLLOWING IN MAXIMUM OF 3 PAGES:**

1. Describe project and its purpose. Include goals, number of students served and expected outcomes.
2. Describe activities planned to implement project and goals.
3. Provide one year timeline for this project.
4. Propose project budget.
5. Describe other funding applied for and/or received for this project.
6. Explain the implementation of this project, if less than the amount requested is received.
7. Explain the process used to evaluate the project including the goals and objectives.

Have you previously received grant funds from the California State PTA?  Yes  No  
\_\_\_\_\_ Grant \_\_\_\_\_ Year received

**PLEASE RETURN APPLICATION PACKET IN THE FOLLOWING ORDER. DO NOT STAPLE. ATTACH A PAPERCLIP TO THE UPPER LEFT HAND CORNER.**

1. Completed Application form
2. Response to information items #1-7
3. Copy of current fiscal year PTA/PTSA budget
4. Copy of current fiscal year-end PTA/PTSA audit

**MAIL TO**

California State PTA  
2327 L Street  
Sacramento, CA 95816-5014

**FACSIMILES WILL NOT BE ACCEPTED**

Report and evaluation of funds used must be submitted by June 1 of the following year.

\_\_\_\_\_  
SIGNATURE of contact person

\_\_\_\_\_  
SIGNATURE of PTA president [ ] unit [ ] council [ ] district

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Unit in good standing  Current Fiscal year-end PTA/PTSA audit  Current PTA budget  Grant Report/Evaluation