



Program Planning Form

Please complete this form for all new and existing PTA programs or programs that require PTA funding. Completed forms must be emailed to volunteer@ivepta.org or delivered to the Volunteer Coordinator mailbox in the IVE copy room at least 60 days prior to the start date so the board can review the application.

Program (Event/Activity etc.) Name: _____

Date submitted: _____ School Year: _____ Is this an existing program? Yes/No

Applicant's name: _____ Email: _____ Phone: _____

Description: (Goals/objectives, who and how many people will benefit, how will they benefit etc.)

Volunteers: Total number of volunteers needed: _____ Is a signup needed on PTA website? _____

What will volunteers do? Please provide a description of volunteer work:

Finances: If this is an existing PTA Program/Event, what is the approved budget? _____

If this is a new Program/Event, what is the proposed budget? _____

Describe how PTA funds will be used:

Income: Will this Program/Event generate revenue? If so, how?

Are credit card swipers needed at your event? _____ Will you need change at your event? _____

Timing: Include start/end dates and times. _____

Facilities: School areas/Equipment/ Other resources needed:

Contracts: Will this program/event require any legal contracts? Yes/No (Note: All contracts require 2 BOD signatures and one must be a President)

Communications: Which forms of communication do you plan to use to promote your Program/Event?

E-News		Kid Mail	
Facebook		Peach Jar	
Reader Board		Room Parent Email	
Website		Bulletin Board	
		Display Case	

Event Registration: When will event registration begin? _____ End? _____

Other: (Anything else the Board should know) _____

