**COMMUNITY FOUNDATION FOR**

**COUPEVILLE PUBLIC SCHOOLS**

**P O Box 1133**

**Coupeville WA 98239**

**FOUNDATION FUNDS RETRIEVAL FORM**

**GRANT RECIPIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF REIMBURSEMENT REQUEST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT REQUESTED FOR RETRIEVAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOURCE OF GRANT / / Mini-Grant** or **/ / Donor Directed**

(eg, History Day or Drama)

**Please attach a copy of the purchase order, receipts, or any verification of your purchase with grant funds. If receipt or PO includes multiple items, clearly mark which items grant funds are paying for.**

**Submit retrieval form to the Building Secretary and Principal who will ensure that your materials are sent on to the Foundation.**

**Questions? Email president.cfcps@gmail.com**

**All grant funds for 2019-2020 school year must be requested by June 30th, 2020.**

**IF THIS IS A GRANT -- FILL OUT PAGE 2**

**Mini-Grant Completion Report**

**Please use this space to provide a narrative and evaluation of the mini-grant. If you have additional pictures or products that we might use for publicity, please send those to us as well.**