



**PGHS**

Pacific Grove Unified School District  
Pacific Grove High School

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## School Site Council Project Proposal Funding Request

Project Proposal Meets the following SIP Goal (check the appropriate box)

Goal 1 . . .

Goal 3 . . .

Goal 2 . . .

Goal 4 . . .

Project Targets what Group of Students (check the appropriate box)

All  Advanced  Mid Range  Special Ed  Special Programs  Other \_\_\_\_\_

Submitted By:                      Date Submitted:

Group/Class/Organization/Team:

**Please answer the following questions, typewritten on an attached page with this page functioning as a cover page for your proposal. THANK YOU**

**\*\*NOTE: Submissions must be received at least one day in advance of a School Site Council meeting.**

Project Summary:

Timeline:

Measurement:

Funding Resources:

Total Amount Requested:

School Site Council Approval:

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved (Stipulation)

\_\_\_\_\_ Denied

Date of Accountability Report to School Site Council \_\_\_\_\_

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