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| **REQUEST FOR PSA FUNDING – APPLICATION BID FORM** |
| Bids for PSA funding should be submitted to [psa@simonballepsa.org.uk](mailto:psa@simonballepsa.org.uk), ideally at least one week prior to the next PSA Committee meeting. If the application meets the criteria for funding it will presented to the meeting for discussion. |
| **Criteria to be considered by the PSA to assess bids and to determine whether the bid will be supported**   1. Benefits students in the school. 2. Has a positive impact on students’ experience at the school. 3. Not already covered by the standard school funding. 4. Supports the school’s ethos, values and vision. 5. Sets a positive example for our students. 6. Enhances the reputation of the PSA in the school community. |
| **Examples of how the PSA has supported in the past:**  Big Bang Science Trip.  Poetry evening.  Larch Centre garden creation.  Outdoor classroom creation.  Maintenance of school minibus.  Provision of defibrillators.  Refurbishment of school areas.  Yr 11 Leavers awards evening  Carol Concert |
| **All bids will receive an Approved, Not Approved or Pending response**  A Pending response means the idea has been approved in principle but funding held over until a later date. This could be because of the need for further discussion / information or to allow the PSA to manage their finances efficiently. |

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| **DETAILS OF BID** |
| **Please provide details of how funds will be used, indicating how they meet the criteria for PSA funding by addressing the points below:**   * *Which students in the school.will the funding benefit?* * *How will the project impact on the student experience at the school?* * *How does the project support the school’s ethos, values and vision?* * *How does the project set a positive example for our students?* * *How will the project enhance the reputation of the PSA and school in the community?* |

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| **Details of costings for request, including when the funds will be required and how the funding will be spent:**  **TOTAL COST OF REQUEST: £** |
| **Name of school representative making request:**  Name:  Email:  Year / Department:  Signature: Date:  Please note that all eligible requests for funding will be discussed and will require support from a quorate number of committee members. |
| **PSA to complete details below:** |
| Date request discussed at PSA Committee Meeting:  Outcome of vote and Response: APPROVED / NO / PENDING |
| Headteacher and PSA Chair sign-off:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Headteacher*  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *PTA Chair* |