



**Woodrow Wilson High School PTSA**  
4400 E. 10<sup>th</sup> Street, Long Beach, CA 90804  
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[wilsonhsptsatreasurer@gmail.com](mailto:wilsonhsptsatreasurer@gmail.com)

## Budget Amendment Proposal Form<sup>1</sup>

**Date:** \_\_\_\_\_

**Proposal Title:** *Title or brief description of proposed program, project, event and/or service to be funded by PTSA ("Program/Project").*

**Program/Project Overview:** *Describe the Project/Program and its specific goals. If appropriate, attach to this Form any supporting documents and/or background information which further describes the Project/Program and its specific goals.*

**Is the Program/Project an expansion, supplement and/or increase in funding to an existing PTSA Sponsored Program/Project:** \_\_\_\_ Yes \_\_\_\_ No *If yes, please describe the existing Program/Project and the proposed expansion plan, along with the proposed increase in funding.*

<sup>1</sup> This form should be completed by students, parents, teachers, staff and/or community leaders who are interested in establishing (and/or expanding, if applicable) an event, program, project or other service for the benefit of Wilson High School community to be funded in whole or part by the Wilson PTSA. Proposers should submit this Form, along with any supporting documents, to the PTSA President and Treasurer at the email address listed above, or by submitting a physical copy in PTSA Mailbox located in the Wilson 1000 Building. Proposals will be reviewed and considered by the PTSA Board and members of the PTSA at its scheduled meeting(s).

**Benefits of Implementation:** *Describe the needs to which the project/program responds and its value to the Wilson community. Include relevant information that supports the proposal.*

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**Target Population:** *Define whom the program will serve, demonstrating the benefits to the largest number of students.*

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**Timeline:** *If applicable, describe or attach a timeline from program beginning to completion.*

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**Who will Implement the Project/Program:** *Identify individuals who will implement program and describe their responsibilities?*

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**Supports PTSA Purpose:** *Describe how this project/program meets the intent and purpose of the PTA.*

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**Program/Program Budget:** *Describe the proposed budget, including the total proposed cost, the total amount to be paid using PTSA funds, and a breakdown of proposed expenditures. If appropriate, attach to this Form detailed budget information such as district budget allocation, school supplemental support, etc.*

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**Proposer(s) Contact Information:**

Print name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Print name (s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature(s): \_\_\_\_\_

**Submission of Form/Documents:** *This Form, along with any supporting documentation and/or attachments, should be submitted via email to the PTSA President and Treasurer at the email address listed above, or by submitting a physical copy in PTSA Mailbox located in the 1000 Building. Proposals will be reviewed and considered by the PTSA Board and members of the PTSA at its scheduled meeting(s). Proposers may be asked to attend such meeting(s) to provide further background and information and address any questions. PTSA reserves the right to accept and/or reject any Proposal subject to the PTSA Bylaws.*

**Attachments**

***Attach any supporting documents and/or additional information.***