



## Livermore High School Alumni Association (LHSAA) Project Funding Application

The Livermore High School Alumni Association is pleased to consider funding projects that support our Mission.

***The mission of the LHSAA is to create opportunities for alumni to interact with each other to provide ongoing support for current LHS students, faculty and administration in their mission of “preparing every student for future education and productive citizenship”.***

### **Schedule**

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Project Funding Applications may be submitted for Board consideration anytime; however, it must be at least 30 days in advance of the need for the funds. The LHSAA Board meets the first Monday of each month. Checks for funded projects will be delivered to the Principal's Administrative Assistant unless otherwise directed.

### **Requirements to Submit a Funding Request**

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- Complete all parts of the application
- Attach estimates or bids for each item
- Sign the compliance agreement
- Obtain signatures of **BOTH** your Department Chair and Administration
- Application materials should be sent to:  
LHSAA; P.O. Box 1216; Livermore, CA 94551 or by email to:  
[LHSAlumniAssoc@gmail.com](mailto:LHSAlumniAssoc@gmail.com). Please put “Funding Application” in the subject field,
- A copy of the submitted funding application also needs to be given/sent to:  
Dan Musselman, Vice Principal, email [dmusselman@lvjUSD.org](mailto:dmusselman@lvjUSD.org) or mail to Livermore High School; 600 Maple Street; Livermore, CA 94550

### **Responsibility of Grant Recipients**

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- Funding recipients must acknowledge the Alumni Association's gift in printed materials about the project (invitations, programs, signage, etc.) and/or in verbal and written communication when appropriate. Where possible, the Alumni Association's logo should be used.
- Funding recipients must submit a Project Summary including copies of all receipts related to LHSAA funded expenditures within 30 days of project completion.

For information regarding the funding application, contact LHSAA at e-mail address:

[LHSAlumniAssoc@gmail.com](mailto:LHSAlumniAssoc@gmail.com)



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**Good luck!**

Receiving funding in one year does not guarantee receipt of funding in future years. Funding requests with completed applications will be awarded based on their perceived effectiveness in satisfying the mission of LHSAA. It is recommended that applications be submitted as early as possible.

Date of request: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

### **Contact Information**

\_\_\_\_\_  
Name of Person/Organization Requesting Funds

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contact Person's Name

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Checks are to be made payable to:

### **Project Description and Purpose**

Date of Project		Start Time	
Location		End Time	
LHS Sponsor(s)			



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**Description and purpose of this project:**

How many Alumni are expected to participate?		Are Alumni involved in the planning of this project?	<input type="radio"/> Yes <input type="radio"/> No
How many students are expected to participate?		Are students involved in the planning of this project?	<input type="radio"/> Yes <input type="radio"/> No

### **Budget for Project**

For your application to be complete, you must attach a detailed project budget and timeline including all of your expected expenses and revenue and date(s) the funds are needed. For significant purchases copies two bids are required.

Will the project take place if LHSAA funding is not awarded? ☐ Yes ☐ No

**Who are your other sponsors and the amount of funding you expect each of them to provide?**

**What specific expenses are you requesting the Alumni Association to fund?**



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**Sponsorship Recognition**

List ways in which the Alumni Association will receive recognition for their sponsorship of this project:

**Compliance Agreement:**

To the best of my knowledge, the information in this application is true. I hereby agree to use the funds only for the purposes listed above and to submit a written project summary to the LHSAA within 30 days of completion of this project. I understand that my failure to meet my obligations will result in funds being withheld and/or recovered and prevent future funds from being allocated to this organization.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Print your name and title: \_\_\_\_\_

**Approval Signatures**

LHS Department Chair: \_\_\_\_\_

LHS Administration: \_\_\_\_\_