

Sammamish  
Totems  
Enrichment  
Program  
Supporters  
(S.T.E.P.S)

**Sammamish STEPS Funding Request**

Date Submitted: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

**INSTRUCTIONS:** Fill out form completely. Make a photocopy of the completed form for your records and email the completed form to the address below. Put the original completed form in the STEPS box in the Activities/Athletics Office at SHS. If you have questions, contact STEPS Allocations Chair Nancy Davidson at [vpallocations@sammamishtotems.org](mailto:vpallocations@sammamishtotems.org) or 425-652-8229.

Your organization will then be contacted to make an in-person presentation at a monthly STEPS meeting. To be eligible to receive funds from STEPS, your organization must be a recognized group of Sammamish High School and you MUST have an individual who serves as a liaison to STEPS. Your request will also be review by SHS administration for any ASB or General Fund financial support that may be applicable. ASB/GF review is a separate step and may impact the final amount allocated by STEPS. Attach additional pages as needed. For help or questions, please contact Nancy Davidson.

Total Amount Requested: \_\_\_\_\_ Funds Needed by (date required): \_\_\_\_\_

Please give full details regarding the use of requested funds including how the money will be used.

Share your research on this item, event or program

What other money have your pursued? What other fund raising have you done?

How will SHS community benefit from this program or item?

Has S.T.E.P.S funded this item, activity or program in past three years? If so, identify activity/program by year and funding obtained.

How will you report back to S.T.E.P.S regarding the success of the program or use of the item?

Who will represent your group at the S.T.E.P.S meeting when the funding request is considered? Please provide name, email address and cell phone number.

**[For STEPS use only:]** Date Received \_\_\_\_\_ Presentation made (date) \_\_\_\_\_  
Funding Approved \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Issue check to: \_\_\_\_\_

**[SHS Staff only]** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Request not eligible for ASB/General fund monies.

\_\_\_\_ Request eligible for partial funding in the amount of \$ \_\_\_\_\_. Source: \_\_\_\_\_

\_\_\_\_ Request eligible for full funding in the amount of \$ \_\_\_\_\_. Source: \_\_\_\_\_