



**FAIRFIELD PTA COUNCIL**  
**COMMUNITY SERVICE GRANT APPLICATION**

Completed applications must be received on or before **November 4 or March 15** to be considered.

- **Email the application to:** [ComServGrants@ffldptac.org](mailto:ComServGrants@ffldptac.org)
- **AND mail the signed application to:** PTA Council/Community Service Committee,  
c/o Board of Education, 501 Kings Highway East, Suite 210, Fairfield, CT 06825

Community Service Activity Title: \_\_\_\_\_

School: \_\_\_\_\_

Faculty/Staff Sponsor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student Coordinator (if any): \_\_\_\_\_

Grade Level/Group: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_ Date Required: \_\_\_\_\_

**Community Service Activity**

Activity Description:

Goals and Objectives:

Activity timeline and location:

Who are the recipients of this service and how will they benefit?

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**Fairfield Student Volunteer Information**

Estimated number of students involved with this activity:

Student selection process:

Student responsibilities:

How will this activity benefit the student volunteer?

**Financial Information**

Activity Budget: Please be as specific and complete as possible with this information so that the committee can fairly compare the applications. Feel free to attach supporting documentation.

Budget Item	Cost	Description

Sources of funding: (Please include any fundraising efforts and who will participate in those efforts.)

**Additional Information**

- Grant recipients will be required to submit a final report with receipts. Any unused funds must be returned.
- If there is a change in the nature of this activity, contact the committee chairperson immediately.

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Faculty/Staff Signature

Date