



band | choir | theatre | dance

Willow Glen Performing Arts Boosters

Bringing the Arts to Life For Our Middle & High School Students

WGPAB FARF Process

Funding Allocation Request Form

Terms for the FARF Process:

What is a FARF:

Funding
Allocation
Request
Form

Types of FARFs:

→ Teacher
→ Theater



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Teacher Funding Allocation Request Form (FARF)

Date: _____ Teacher: _____ School: _____

Unit: _____ Budget Category: _____ Amount: \$ _____

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

Estimated number of students who will directly benefit: _____

Please explain in detail how these funds will be used, and how it aligns with the WGPAB mission. Include any expected impact on the wider Willow Glen community.

Principal Approval: Please verify

- that the proposed use of funds is appropriate,
- that this expense cannot/is not being funded from another budget and
- that the requesting teacher has been advised of appropriate procurement procedures.

Principal / designee (print)

Principal / designee (signature)

Date

Please submit this principal-approved Allocation Request Form to the WGPAB mailbox at your school office, and send an unsigned electronic copy to willowglenpab@gmail.com. Do not write below this line.

WGPAB FARF APPROVAL (to be completed at next Board meeting)

FARF #: _____ Date Rec'd: _____ By: _____

Board consideration DATE _____ Maximum Amount Approved: \$ _____

Approved expense within unit budget? YES NO Board vote/ recommendation? YES NO

Discussion / Limitations:



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Theater Funding Allocation Request Form (FARF)

Date: _____ Director/Producer: _____ School: _____

Production: _____ Budget Category: _____ Amount: \$ _____

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

Please explain in detail how these funds will be used to support your production and/or the theater program. What steps have you taken, or will you take, to minimize extra costs related to this expense? Include any expected impact on the wider Willow Glen community.

Principal Approval: Please verify (by checking each box and signing a hard copy of this request)

- that the proposed use of funds is appropriate,
- that this expense cannot/is not being funded from another budget and
- that the requesting teacher/parent has been advised of appropriate procurement procedures.

Principal / designee (print)

Principal / designee (signature)

Date

Please submit this principal-approved Allocation Request Form to the WGPAB mailbox at your school office, and send an (unsigned) electronic copy to willowglenpab@gmail.com. Do not write below this line.

WGPAB FARF APPROVAL (to be completed at next Board meeting)

FARF #: _____ Date Rec'd: _____ By: _____

Board consideration DATE _____ Maximum Amount Approved: \$ _____

Approved expense within unit budget? YES NO Board vote/ recommendation? YES NO

Discussion / Limitations:

Terms for the FARF Process (cont.):

Payment Request Form:

This is request for the release of funds. You may submit this form at the same time as FARF or separately.



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WGAB Payment Request Form (release of funds)

Date: _____ Submitted by: _____ School: _____

FARF # _____ Amount Pre-Approved: \$ _____ (Leave this line blank if submitting FARF now)

Reimbursement (to SISUD, school or individual) or Payment of Invoice (by check or by card)

Payable to: _____ Deliver check to school office? YES NO

If no, provide mailing address, any required memo, and/or instructions for payment by credit card.

Does this request cover **all** expenses associated with the relevant FARF? YES NO
 If no, when are/were other expenses requested? previously same time future

Please list all items and services for which you are currently requesting payment Itemization should match the attached receipts / invoices	Amount to be paid
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Total payment for this payee	\$0.00

Principal Approval: Please verify

- that the items and/or services are appropriate for the intended use, as described in relevant FARF,
- that appropriate procurement procedures have been followed.

 Principal / designee (print) Principal / designee (signature) Date

Please submit this principal-approved Payment Request Form to the WGAB mailbox at your school office. Copies of itemized invoices/receipts must be attached. Send an unsigned copy to willoglenpab@gmail.com

WGAB Release of Funds / Payment APPROVAL to be completed at next scheduled board meeting

Date Received: _____ By: _____ RoF# _____
 Board review date _____ Board approval YES NO Amount Approved: \$ _____



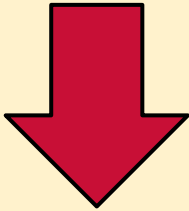
Steps to the FARF Process:

1. Determine correct FARF.
2. Complete the FARF.
3. Complete the Payment Request Form.
4. Submit to Principal for signature.
5. Once signatures are obtained, submit forms to mailbox at either school.
6. Email wgpabtreasurer@gmail.com and wgpab.president@gmail.com when forms have been dropped off.
7. The board will review request and release of funds at next scheduled board meeting. Please submit no later than the **Friday before the board meeting** to have it considered for that month.
8. Both the FARF and Payment Request Form must be approved before funds are released.

FARF Decision Tree

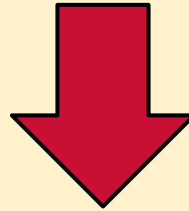
What **Program** is this request for?

MS/HS After
School Theater



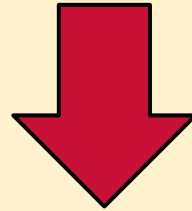
Theater FARF

MS/HS
Drama Class



Teacher FARF

MS/HS
Band or Choir



Teacher FARF

Completing the Teacher FARF

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Teacher Funding Allocation Request Form (FARF)

Date: Teacher: School:

Unit: Budget Category: Amount: \$

Check all that apply: public-facing student-facing during school hours on campus

WGMS
 WGHS
 WGPAB

Choose School

Teacher Funding Allocation Request Form (FARF)

Date: Teacher: School:

Unit: Budget Category: Amount: \$

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

Estimated number of students who will directly benefit:

Choose Program

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Teacher Funding Allocation Request Form (FARF)

Date: Teacher: School:

Unit: Budget Category: Amount: \$

Check all that apply: public-facing student-facing during school hours on campus

Band
 Choir
 Drama
 Theater

food transportation software/content service / contract capital improvement

Estimated number of students who will directly benefit:

Please explain in detail how these funds will be used, and how it aligns with the WGPAB mission. Include any expected impact on the wider Willow Glen community.

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Teacher Funding Allocation Request Form (FARF)

Date: Teacher: School:

Unit: Budget Category: Amount: \$

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

Estimated number of students who will directly benefit:

Please explain in detail how these funds will be used, and how it aligns with the WGPAB mission. Include any expected impact on the wider Willow Glen community.

Materials supplement
 Production costs
 Field Trips
 Professional
Special Programs
Investment
Miscellaneous

Choose Budget Category

Completing the Theater FARF

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Theater Funding Allocation Request Form (FARF)

Date: Director/Producer: School:

Production: Budget Category: Amount:

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

Please explain in detail how these funds will be used to support your production and/or the theater program. What steps have you taken, or will you take, to minimize extra costs related to this expense? Include any expected impact on the wider Willow Glen community.

Choose School

Theater Funding Allocation Request Form (FARF)

Date: Director/Producer: School:

Production: Budget Category: Amount: \$

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

List Production

Theater Funding Allocation Request Form (FARF)

Date: Director/Producer: School:

Production: Budget Category: Amount: \$

Check all that apply: public-facing student-facing during school hours on campus

food transportation software/content service / contract capital improvement

Please explain in detail how these funds will be used to support your production and/or the theater program. What steps have you taken, or will you take, to minimize extra costs related to this expense? Include any expected impact on the wider Willow Glen community.

Choose Budget Category

Please explain in detail how these funds will be used, and how it aligns with the WGPAB mission. Include any expected impact on the wider Willow Glen community.

Completing The Payment Request Form

WGPAB Payment Request Form (release of funds)

Date: Submitted by: School:

FARF # Amount Pre-Approved: \$ (Leave this line blank if submitting FARF now)

Reimbursement (to SISUD, school or individual) or Payment of Invoice (by check or by card)

Payable to: Deliver check to school office? YES NO

If no, provide mailing address, any required memo, and/or instructions for payment by credit card.

Does this request cover all expenses associated with the relevant FARF? YES NO
 If no, when were other expenses requested? previously same time future

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WGPAB Payment Request Form (release of funds)

Date: Submitted by: School:

FARF # Amount Pre-Approved: \$ (Leave this line blank if submitting FARF now)

Reimbursement (to SISUD, school or individual) or Payment of Invoice (by check or by card)

Payable to: Deliver check to school office? YES NO

If no, provide mailing address, any required memo, and/or instructions for payment by credit card.

Choose School

Please be specific with itemized list.

Please list all items and services for which you are currently requesting payment Itemization should match the attached receipts / invoices	Amount to be paid
<input type="text"/>	\$0.00
<input type="text"/>	\$0.00
<input type="text"/>	\$0.00
<input type="text"/>	\$0.00
<input type="text"/>	\$0.00
Total payment for this payee	\$0.00

The amounts will be automatically calculated for you.



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We hope this helps clarify the FARF Process!

Questions? Please reach out to WGPAB President:

wgpab.president@gmail.com

Forms will be available on our website:

www.wgpab.org