

## EDUCATIONAL FOUNDATION PROGRAM REQUEST CHECKLIST

1. I came up with a creative, innovative idea to enhance student learning.
2. I shared the idea with my grade level and/or department.
3. I invited them to write the proposal with me.
4. I completed the *South St. Paul Educational Foundation Program Request*.
5. I will submit the attached request to the Educational Foundation at least two weeks prior to the Educational Foundation Board meeting so the request can be considered in a timely manner (The Educational Foundation Board meets the second Wednesday of every month.)

The Educational Foundation will contact me as to whether or not my request has been granted.

6. I will attend an Educational Foundation Board meeting if necessary.

<b>Up to \$500</b>	Proposals will be reviewed by the committee and recommendations made to the full board. Presentations to the program committee are optional.
<b>\$500-2,500</b>	Presentation by originator to the program committee is required before a recommendation will be made to the full board.
<b>More than \$2,500</b>	Presentation by the originator to the program committee and full board. Administrator or supervisor must be present for the presentation.
<b>\$15,000 and above</b>	<b>Special conditions for documentation and bidding may apply. Consult the Executive Director.</b>



## South St. Paul Educational Foundation Program Request

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

### PROJECT DESCRIPTION

- a. Describe what you want to do and how you will do it.
- b. What need or opportunity will be served if this request is granted?
- c. Who will benefit from this program?
- d. What research or experience supports your request?
- e. How does this align with existing curriculum, priorities or strategies?
- f. What is your plan for obtaining matching funds or other contributions?
- g. Is this funding for:  a one-time event  a recurring program  a resource  
If recurring how will continuing funding for licenses, consumables, and other expenses be provided?
- h. How will you report the results and measure the value of this program?
- i. If successful, how can this program be shared or extended to other schools, classes or groups?
- j. Date funding required: \_\_\_\_\_ k. Estimated date of completion: \_\_\_\_\_
- l. Estimated cost: \$ \_\_\_\_\_ m. Number of students/staff affected \_\_\_\_\_

Request Originator/Contact Person: \_\_\_\_\_

Recommendation of Principal or Administrator: \_\_\_\_\_

Foundation Board Action  Approved  Not Approved  Holding  Need additional data

Date: \_\_\_\_\_ Moved: \_\_\_\_\_ Second: \_\_\_\_\_ Program \_\_\_\_\_