

# South St. Paul Youth Enrichment Course Proposal Form

## Instructor Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_  
 Email address \_\_\_\_\_

Please write a brief biography to be included in the brochure description (list work experience, background and/or education).

## Course Information

Course Title	# of Sessions	Age/Grade	Day(s) of Week	Time	Room Needs	School	Start Date

## Course Description

(This will be used in the brochure to describe your class. If extra materials or costs are required, or if you will provide them for students, please indicate this in the description.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Maximum \_\_\_\_\_ Class Minimum \_\_\_\_\_

## Supplies and Equipment

If you have any equipment needs please indicate them here (audio visual, tables, mats, etc.).

\_\_\_\_\_

\_\_\_\_\_

Xerox needs: # of copies \_\_\_\_\_ collated \_\_\_\_\_ stapled \_\_\_\_\_ color \_\_\_\_\_

Purchase order/voucher: Amount \$ \_\_\_\_\_ Vendor \_\_\_\_\_

Class Supplies (Please specify cost and vendor)

- Provided by instructor \_\_\_\_\_
- Provided by participants \_\_\_\_\_
- Provided by Community Education \_\_\_\_\_

Any other facility/equipment requests \_\_\_\_\_

\_\_\_\_\_

## Office Use Only

Total course expense \$ \_\_\_\_\_

# of hours \_\_\_\_\_ x \$ \_\_\_\_\_ (hourly rate) + \$ \_\_\_\_\_ (materials costs) + (other costs) = \$ \_\_\_\_\_

Method of Payment: Time Sheet \_\_\_\_\_ Contract \_\_\_\_\_

Instructor signature \_\_\_\_\_ Community Education Coordinator \_\_\_\_\_

Return to: Community Education SSP Youth Programs  
 104 Fifth St. S.  
 South St. Paul, MN 55075  
 jzehnder@tridistrictce.org