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.

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

South St. Paul Educational Foundation
Program Request

1. Describe what you want to do, and you will do it:

2. What need or opportunity will be served if this request is granted?

3. Describe what you want to do and how you will do it.

4. What need or opportunity will be served?

5. Who will benefit from this program?

6. What research or experience supports your request?

7. How does this align with existing curriculum, priorities, or strategies?

8. Are there any other resources available such as matching funds or other contributions?

9. Is this funding for: ☐ a one-time event ☐ a recurring program ☐ a resource

10. How will you share your results and the value of this program? (i.e. Pictures, testimonials, letters, etc.)

11. How can this program be shared or extended to other schools, classes, or groups?

Estimated cost:

Number of students and staff who will benefit:

Date funding required:

Estimated date of completion:

Request originator/Contact Person:

Recommendation of Principal or Administrator:

_____   _____
Signature of Principal or Administrator   Curriculum/District Approval

Foundation Board Action ☐ Approved ☐ Not Approved ☐ Holding ☐ Need additional data

Date: Moved: Second: Program