

Wachusett Regional School District

Application for

Individual or School Organization Program Initiatives

Reference School Committee Policy 3880, *Policy Relating to Education*, *Individual or School Organization Program Initiatives*

July 2011

APPROVAL FORM

The Superintendent has read the application for:

Project Title

The Superintendent approves the application:

Signature

Date

The Superintendent disapproves the application:

Signature

Date

Approved copies to: Principal
Applicant(s)
Director of Operations
Business Manager

APPLICATION FORM

A. Applicant(s): _____
If more than one applicant, please list all on attached sheets

Address: _____

B. Contact Person: _____

Title: _____

Address: _____

Telephone: _____

C. Sponsoring School: _____

D. Project Title: _____

Project Description: _____

Project Duration: _____ / _____ / _____ to _____ / _____ / _____
mo day year mo day year

Total Projected Income: _____

Total Projected Net Proceeds: _____

School's _____% Projected Net Proceeds: _____
(percentages less than 50% require Superintendent's approval)

Applicant's Signature

Date

Typed Name

Criminal History Systems Board: All available criminal offender record information for all employees or volunteers prior to employment or volunteer service in conjunction with use or lease of school facility for the project described herein have been obtained.

I certify that I have read the information contained in the Application and support the applicant's request to implement the project described.

Principal's Signature

Date

Typed Name

PROJECT NARRATIVE

A. Describe Project Activities:

B. Describe Schedule of Events Including Dates, Times and Locations:

C. Describe Goals/Anticipated Outcomes:

D. Describe Eligibility for Participation:

Use additional pages if needed.

BUDGET PROJECTION FORM

Revenue and Source	Description	Units	Unit Cost	Amount
Fees & Charges				
Ticket Sales				
Fund Raising				
Gifts & Grants				
Student Activities				
Tuitions				
Other				

Total Projected Gross Income:

Operating Costs	Descriptions	Units	Unit Cost	Amount
Salaries (do not include the salary of the applicant(s))				
Supplies & Materials				
Equipment				
Contracted Services				
Other				

Total Projected Operating Costs:

Total Projected Gross Income	\$
Minus Total Projected Operating Costs	\$
Total Projected Net Proceeds	\$
____ % Net Proceeds (Projected)**	\$
____ % School Share (Projected)**	\$

(**percentages less than 50% require Superintendent's approval)

List all staff expected to work for the project:	S.S. #	W.R.S.D. Employee	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

To be submitted 30 days after end of project:

Revenue and Source	Description	Units	Unit Cost	Amount
Fees & Charges				
Ticket Sales				
Fund Raising				
Gifts & Grants				
Student Activities				
Tuitions				
Other				

Total Gross Income:

Operating Costs	Descriptions	Units	Unit Cost	Amount
Salaries (do not include the salary of the applicant(s))				
Supplies & Materials				
Equipment				
Contracted Services				
Other				

Total Operating Costs:

Total Gross Income	\$
Minus Total Operating Costs	\$
Total Net Proceeds	\$
____ % Net Proceeds**	\$
____ % School Share**	\$

(**percentages less than 50% require Superintendent's approval)

List all staff who worked for the project:	S.S. #	W.R.S.D. Employee	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Number of people served by project: _____

Describe the goals that were reached: _____

Applicant Signature: _____ Date Submitted: _____

Principal Signature: _____ Date Submitted: _____

