Proposal #_____

Office Use Only
☐ W9 ☐ BG Check ☐ Disclosure/ROI

CBO ACTIVITY PROPOSAL

Middle School	*Today's date*
NAME OF ACTIVITY	
Instructor Name(s)& Phone Number	
Instructor's address & zip code:	*Instructor email:*
Check days of the week activity to be held on: *____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri.* ***Total # of sessions activity will meet:*** *_____*	
Activity start date: *Activity end date:*	*Activity hours* *From: a.m. / p.m. To: a.m./ p.m.*
List dates class ***will*** *meet:*_____ _____	*List dates class* ***will not*** *meet:*_____ _____

PERSONNEL

1. Instructor_____

_____x _____x _____= $_____
# of days worked | pay rate | Hrs. worked per day | SALARY

SUPPLIES (list supplies and KEEP RECEIPTS!)

$_____
Total supply cost

_____

OTHER

$_____

_____

Approved Total $_____

Please describe your program and what the students will gain from attending: _____
_____
_____

I agree to provide the above stated program to the students of _____ School.

_____ _____ _____
Print Name | Signature | Date

CLC Coord. Signature: **Approved Total $**_____