

Shasta County Office of Education

**PROPOSAL FROM COMMUNITY/AGENCY FOR SUPPORT THROUGH
DIRECT FUNDING OR IN-KIND SERVICES**

Submit to:
Shasta County Office of Education
Attn: Shasta County Superintendent of Schools
1644 Magnolia Ave. • Redding, CA 96001
Information: (530) 225-0227

Applicant Information

Name of Organization _____

Web Address _____ Tax ID # _____

Mailing Address _____ City _____ State _____ Zip _____
Non-Profit: Yes No

Contact Person _____ Title _____

E-Mail Address _____ Phone _____ Fax _____

Project Information

Project Title _____

Requested Amount \$ _____ or Type of Requested In-Kind Service _____

Project Summary _____

Fiscal Agency Information (if applicable)

Name of Fiscal Agent _____ Tax ID # _____

Contact Person _____ Title _____
Non-Profit: Yes No

E-Mail Address _____ Phone _____ Fax _____

Project Outline (attach additional pages if needed)

1. What is your organization's *mission statement*?
2. Describe how this project *meets the mission statement* of the Shasta County Office of Education and/or *serves youth*. (*Mission Statement: To be leaders in educational excellence, offering support to schools and community to ensure Shasta County students receive a quality education preparing them for high school graduation and success in career and college.*)
3. Describe how this project is a *collaborative effort* with the County Office. Include name(s) of any organization(s), in addition to the County Office, with whom you are working and the nature of your collaboration.
4. What are the *main outcomes* for which you are requesting support?
5. What are the most important *activities* that will help you achieve those outcomes? Include frequency/duration of program events or services provided.
6. Identify *other sources* of support requested by your organization.
7. Please provide a *timeline* for the project (one school year maximum).
8. How will you *evaluate* your work?
9. If you are requesting funding, please attach a *budget* outlining how the monies will be spent.

<i>Shasta County Office of Education Use Only</i>	
Date Reviewed by Cabinet _____	Date Reviewed by Board (if applicable) _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Comments: _____	

Signature of Shasta County Superintendent of Schools _____	Date _____