|  |  |  |
| --- | --- | --- |
| PINELLAS COUNTY SCHOOLS 2025-2026  **Title IV Grant Participation Request for Private Schools** | Date Submitted: |  |
| Total Amount: $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL INFORMATION** | | | |
| School Name: |  |  | **Activity Type Requested** |
| School ID#: |  |  | Supplies  PD Travel  PD Stipends  PD Consultants  Purchased Services  Field Trips |
| Contact Name: |  |  |
| Contact Email: |  |  |
| Submitter Name: |  |  |
| Submitter Email: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPLIES** | | | |
| Name of Activity: |  |  | **Supporting Documents**  Quote  Detailed Spreadsheet |
| Supplies  will Support: |  |  |
| Need Identified in Needs Assessment: |  |  | **Total Cost** |
| PO Required: | Yes |  |
| Activity on Original Needs Assessment:  Yes  No | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PD TRAVEL/CONFERENCE** | | | | |
| Conference Title: |  |  | **Supporting Documents** | |
| Host: |  |  | Quotes on Travel | |
| PD Conference  will Support: |  |  |
| Need Identified in Needs Assessment: |  |  | **Cost Per Person** | |
| Registration |  |
| Location: | In-State  Out of State |  | Airfare |  |
| Conference Date: |  |  | Hotel |  |
| # of Participants: |  |  | Meals |  |
| Conference Events: | Secular Only  Non-Secular Only  Both  If both, provide agenda clearly delineating secular and non-secular activities to determine percentage of conference that is non-secular PD |  | Mileage |  |
| Parking |  |
| Link to Website: |  |  | Car Rental |  |
| PO Required: | No |  | Taxi/Uber |  |
| Activity on Original Needs Assessment:  Yes  NO | |  | Cost Per Person: |  |
|  | **Total Cost** | |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PD Stipends** | | | | |
| Training Title: |  |  | **Supporting Documents** | |
| PD Training  will Support: |  |  | Agenda/Topics | |
| Need Identified in Needs Assessment: |  |  | **Cost Breakdown** | |
| # of Teachers: |  |
| Who is Facilitating: |  |  | # of Days: |  |
| Date(s) of Training: |  |  | # of Hours: |  |
| PO Required: | No |  | Rate of Pay: |  |
| Activity on Original Needs Assessment:  Yes  NO | |  | **Total Cost** | |

|  |  |  |
| --- | --- | --- |
| PINELLAS COUNTY SCHOOLS 2025-2026  **Title IV Grant Participation Request for Private Schools – SIDE 2** | Date Submitted: |  |
| Total Amount: $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PD Consultants** | | | |
| PD Activity Name: |  |  | **Supporting Documents** |
| PD/Consultant  will Support: |  |  | Quote  W-9  Scope of Work (includes all topics and deliverables) |
| Need Identified in Needs Assessment: |  |  |
| Name of Consultant: |  |  |  |
| Status: | Current Employee of School  Not |  |
| Duration: | One Time  Multiple/Ongoing |  |
| Date(s) of PD: |  |  |
| # of Staff Trained: |  |  |
| # of Days PD Held: |  |  |
| # of Hours: |  |  |
| Price: | Less than $3000 for one full day of training |  | **Total Cost** |
| PO Required: | Yes |  |
| Activity on Original Needs Assessment:  Yes  NO | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purchased Services (Subscriptions, Repairs, Non-PD Consultants)** | | | | |
| Service Name: |  |  | **Supporting Documents** | |
| Service will Support: | Students  Teachers  Parents |  | Quote | |
| Need Identified in Needs Assessment: |  |  | **Cost Breakdown** | |
| Quantity: |  |
| Name of Vendor: |  |  | Unit Price: |  |
| Link to Website: |  |  |  | |
| # People Impacted: |  |  | **Total Cost** | |
| PO Required: | Yes |  |
| Activity on Original Needs Assessment:  Yes  NO | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Trips** | | | | | | |
| Name/Location: |  | | |  | **Supporting Documents** | |
| Field Trip  will Support: |  | | |  | Quote  Lesson Plan | |
| Need Identified in Needs Assessment: |  | | |  | **Cost Breakdown** | |
| Admission: |  |
| Link to Website: |  | | |  | Busses: |  |
| # of Students |  | Cost/Student | $ |  |  | |
| # of Staff |  | Cost/Staff | $ |  | **Total Cost** | |
| PO Required: | Yes (but only if for Transportation) | | |  |
| Activity on Original Needs Assessment:  Yes  NO | | | |  |

|  |  |
| --- | --- |
| **PRE APPROVAL FROM SPECIAL PROJECTS** | |
| Pre-Approval From: |  |
| Date: |  |
| Note: |  |
| **PRE-APPROVAL VERIFICATION BY SPECIAL PROJECTS** | |
| Insert Picture Snip of Activity on Schools Needs Assessment Worksheet. | |