|  |  |  |
| --- | --- | --- |
| PINELLAS COUNTY SCHOOLS 2024-2025**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: | [x]  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 [ ]  BothIf 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: | [x]  No |  | Taxi/Uber |       |
| Activity on Original Needs Assessment: [ ]  Yes [ ]  NO |  | Cost Per Person:  |       |
|  | **Total Cost**      |
|  |

|  |
| --- |
| **PD Stipends** |
| Training Title: |       |  | **Supporting Documents** |
| PD Trainingwill 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: | [x]  No |  | Rate of Pay: |       |
| Activity on Original Needs Assessment: [ ]  Yes [ ]  NO |  | **Total Cost**      |

|  |  |  |
| --- | --- | --- |
| PINELLAS COUNTY SCHOOLS 2024-2025**Title IV Grant Participation Request for Private Schools – SIDE 2** | Date Submitted: |       |
| Total Amount: $  |       |

|  |
| --- |
| **PD Consultants** |
| PD Activity Name: |  |  | **Supporting Documents** |
| PD/Consultantwill Support: |  |  | [ ] Quote[ ] 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: | [x]  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: | [x]  Yes  |  |
| Activity on Original Needs Assessment: [ ]  Yes [ ]  NO |  |

|  |
| --- |
| **Field Trips** |
| Name/Location: |       |  | **Supporting Documents** |
| Field Tripwill Support: |       |  | [ ] Quote[ ] Lesson Plan |
| Need Identified in Needs Assessment:  |       |  | **Cost Breakdown** |
| Admission: |       |
| Link to Website: |       |  | Busses: |       |
| # of Students |       | Cost/Student | $      |  |  |
| # of Adults |       | Cost/Adult | $      |  | **Total Cost**      |
| PO Required: | [x]  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.  |