**BAOBAB FUNDING SERVICE PROJECT PROPOSAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Student or Group Name |  | Grade(s) |  |
| Service Project Name |  | | |
| Service Supervisor |  | | |
| Service Partner Name |  | | |
| Website or Address |  | | |
| Day of Service Activity |  | | |
| Student Email: |  | | |
| Brief Description of Service Project |  | | |
| Describe the community need your project is involved in. |  | | |
| How will your activity or proposed funds help to meet this need? |  | | |
| What is the expected outcome as a result of your work? |  | | |
| How will these outcomes be assessed? |  | | |

Participating Students

Name Email Role and Responsibility

|  |  |  |  |
| --- | --- | --- | --- |
| Resources | | | |
| Item | Price of Item | Quantity | Total Cost of Item |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Cost of All Resources | | |  |

Signatures of Student Leader and Faculty Supervisor:

X

Student Leader

X

Faculty Supervisor

Date: Date:

Please circle your preferred funding option:

Option A – Pay for the supplies and get reimbursed after receipts are submitted to the Service Learning Council

Option B – Request funds (minimum 3 days’ notice) from the Service Learning Council to be received via Business Office

**Note: Until this form is completed, signed, and approved, NO purchases may be made)**

Submitted to faculty supervisor: Submitted to Service Learning Coordinator: Submitted to Admin Principal:

Date: Date: Date: