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: _____ Date: _____

Submitted to Service Learning Coordinator: _____ Date: _____

Submitted to Admin Principal: _____ Date: _____