

**SUNCOAST FOUNDATION ALLOCATION REQUEST (2014-2015)**

***Note: Allocation requests must be submitted by the last day of each academic quarter for consideration during the following quarter.***

Requesting Faculty Member (Please print): \_\_\_\_\_

Contact info: Telephone \_\_\_\_\_ Email \_\_\_\_\_

Dept. and Classes taught: \_\_\_\_\_

Amount of allocation requested (check one): \_\_\_less than \$500 \_\_\_\$501-1500  
\_\_\_\$1501-\$5000 \_\_\_over \$5000 (please include 3 competitive bids above \$5000)

Please detail total project cost if greater than requested amount \_\_\_\_\_

Please identify additional funding source and amount \_\_\_\_\_

Has additional funding been received, pledged, or pending? \_\_\_\_\_ If pledged or pending action, what is the expected date of receipt /decision? \_\_\_\_\_

Detailed description(s) of items to be purchased with allocated funds and break-down of cost per item (please also attach website printout of description and cost when possible). Note: Outside vendors need to be school district approved: \_\_\_\_\_

Description of how these items will benefit your students and Suncoast, including number of students benefitted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Teacher H /M /L \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair H /M/ L \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Kathryn Koerner H /M/ L \_\_\_\_\_  
Date

Does the funding request satisfy any SAC SIP goals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify: \_\_\_\_\_

*Priority grade as judged by signer (High=H, Medium=M, Low=L)*