

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: _____

_____ H /M /L _____
Signature of Requesting Teacher Date

_____ H /M/ L _____
Signature of Department Chair Date

_____ H /M/ L _____
Signature of Dr. Linda Cartlidge 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)