Growing Excellence… Inspiring Success

**Community Partnership Incentive Plan**

**Application Form 2018-19**

**(One project per Application Form)**

**(N.B. if submitting more than one application, indicate priority of each)**

School Name & Address:

Principal:\_

Date of Application:

**1. a) Proposed Community Partnership Project**:

**1. b) Anticipated Benefits for Students, Staff, Building & Grounds, and/or Community:**

1) This project will improve the quality of the teaching, learning and working environment for staff and students

2) This project will identify, attract and / or help sustain community partners who will assist the Board in improving student achievement equity and well-being.

3) This project will develop “Pride of Place” for students, staff and the community.

**2. Details of Proposed Project** (attach additional page(s) as necessary)

**3. Identification of Community Partner/Sponsor** (attach additional page(s) as necessary)

|  |  |
| --- | --- |
| Company Name: | Contact Name: |
| Mailing Address: | Telephone: |

**4. Description of Community Partner/Sponsor Contribution** (if more than one, attach a separate page)

|  |  |  |
| --- | --- | --- |
| Name of Sponsor | Type of Donation(cash or in-kind\*see guide) | Amount or Value of Donation |
|  |  | $ |

**5. Facility Services Input**

|  |  |  |
| --- | --- | --- |
| Estimated Time Required to Complete Project | Estimated Total Cost of Project including permit fees and taxes(attach detailed list) | The Maintenance Supervisor has reviewed and approved this project as meeting or exceeding GEDSB policy, and applicable building codes and regulations. Further, the Maintenance Supervisor has or will inform the Purchasing Supervisor if the anticipated cost of the project or items contained therein is expected to exceed comparative bid thresholds. |
|  |  |
| Signature – Maintenance Supervisor |

**6. Purchasing Services Input (if required)**

|  |  |  |
| --- | --- | --- |
| Project or ComponentsExceeding Comparative Bid Thresholds | Estimated Cost of Each Component(attach itemized list) | Purchasing Services has reviewed and advised of the appropriate procedure. |
|  |  | Signature - Purchasing Supervisor |

**7 Approval**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature – Manager Facility Services | Date |