

**2023-2024 Program Proposal**

**Please check program type:**

|  |  |  |
| --- | --- | --- |
|  | New | Fall Semester |
|  | New | Spring Semester |
|  | Existing | Next Academic Year |
|  | Extension/Expansion | Next Academic Year |

*Please complete all sections. You may add additional pages if necessary. The signature of the applicant's principal/supervisor is required.*

 **1. Program Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2. Applicant**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position

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School School Phone

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Email Cell Phone

 **3. Description:** What is the subject area/primary focus of the program?

 **4. Outcomes:** What are the desired outcomes of the program and how will the outcomes be measured? How will you know the program is successful?

 **5. Program Manager** (If different from applicant):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position

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School School Phone

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Email Cell Phone

 **6. ASDF Mission:** ASDF provides innovative and enriching programs to ASD students.  Explain how your program will help the ASDF fulfill its mission.

 **7. Budget:** On a separate sheet, provide a detailed one-year expense budget and secured and potential revenue source amounts for the program. If the program generates income, explain how the revenue will be collected and how it will be used.

**List Any Potential New Funding Sources**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Contact** | **Phone #** |
|  |  |  |
|  |  |  |
|  |  |  |

 **8. Participation Targets:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School 1** | **School 2** | **School 3** |
| School Name |  |  |  |
| Grade Level |  |  |  |
| Students |  |  |  |
| Faculty |  |  |  |
| Parents |  |  |  |
| Volunteers |  |  |  |

How will you achieve participation targets? How will students be selected/recruited?

 **9. Standards:** What academic expectations from the Pennsylvania Department of Education Standards Aligned System (SAS) does the program address, and how?

What Allentown School District Goals does the program address, and how?

 **10. Timeline:** On a separate sheet, provide a timeline with specific target dates for the program. Include planning, implementation, start/end, and assessment.

 **11. Additional Resources Needed:** What ASD resources and materials, other than financial, does the program need to operate? (Examples: staff time, facilities, waivers, etc.)

Will this program require any ASDF staff time? Please specify.

 **12. Sustainability:** If approved, will you seek founding for additional years? What are your plans, if any, for expansion to other grade levels and schools?

 **13. Please provide any additional comments you would like to include.**

 **14. Confirmation:** The applicant, the program manager (if different from the applicant), and the applicant's principal/supervisor must all sign the application before submission. In the case of non-ASD employees, the ASDF Executive Director will be the supervisor.

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 **15. Return completed proposal to:** Dr. Julie A. Ambrose, Executive Director,Allentown School District Foundation, 31 South Penn Street,P.O. Box 328,Allentown, PA 18105. 484-765-4093 AmbroseJ@allentownsd.org