

TRENTON PUBLIC SCHOOLS  
Trenton, New Jersey

**PROPOSAL**

**I. NAME OF PROGRAM/CONSULTANT:**

**II. NARRATIVE STATEMENT OF NEED:**

**III. PROGRAM DESCRIPTION AND ACTIVITIES:**

**A. Location:**

**B. Target Population**

**C. Schedule (Beginning & ending day and date, hours, weeks)**

**Dates:**

**Hours:**

**IV. MAJOR GOALS AND OBJECTIVES PROGRAM (NJCCCS/CCCS):**

**V. PROGRAM EVALUATION:**

**VI. PROGRAM BUDGET DETAIL:**

**Salary GAAP Code/s GAAP Code:**

**Consultant/s\* GAAP Code:**

**Purchased Services GAAP Code:**

**Supplies GAAP Code:**

TOTAL COST OF PROPOSAL \$

Not to exceed: \$ \$

Total Cost paid by District Grant \_\_\_\_\_

Approved by Grant Budget Manager: \_\_\_\_\_

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Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

School/Department: \_\_\_\_\_

Telephone number of person submitting proposal: \_\_\_\_\_

**SIGNATURES OF APPROVAL:**

Approved by Curriculum Office: \_\_\_\_\_ Date: \_\_\_\_\_

Original Board Approval: \_\_\_\_\_