

**Sheffield-Sheffield Lake City School
Developmental Extra-Curricular Activities Fund
D.E.C.A.F. Project Form**

Name(s): _____ School Year: 2023 - 2024

Proposed Salary: _____ % of base requested.

Anticipated # of Hours: _____ **DECAF Time Frame** ____ 1st Semester ____ Year-Long

School: **FELC** **KW** **BIS** **BMS** **BHS** (circle one)

Number of years this proposal has been submitted: ____ 1st ____ 2nd ____ 3rd OTHER: _____

Project Name: _____

PROJECT IDEA or NEED:

PROJECT GOALS / OBJECTIVES:

TARGET GROUP:

TIME LINE AND SEQUENCE OF EVENTS::

Additional Rationale from Proposer or Building Principal:

Signature of Proposal Originator

Date

Signature of Building Principal

Date