

Request for Funding

All funds must be used by May 1, 2019. A final program evaluation must be submitted by May 15, 2019.

Please complete all sections.

Requester:	Amy Herman			
Project Title:	Science Classroom Face Lift			
School Name:	Clermont Middle School			
Academic Subject:	Science			
Grade(s):	7/8			
Number of Students:	320			
Number of Participating Teachers:	3			
Amount Requested:	\$1600 \$ ZUCO			
Please provide a detailed budget of how funding will be expended for this project.				
Expense Category:		Amount:	Reason:	
Program Materials (Consuma	ble)			
Program Materials (Non-Consumable):		\$2000	Science Lab Station Stools, 24 @\$67 each, Lab station repair kits 6 @ 65 each	
Transportation:				
Program Implementation (not to exceed 10%):				
Other (Please Specify Expense):		,		
TOTALS				
In Kind Contributions that benefitted project:				
Project Detail		\$2000		

Othe	er Funding Sources:				
	cience department does fundraisers throughout the year as well as collecting lab fees. That money is	allocated for			
	science consumables and literature for all the science classrooms.				
Clerr Many maint envir them Prog The I	fram Rationale: (Why is this program important?) nont Middle is one of the oldest schools in Lake County and so is most of the furniture in the science tables are in desperate need of repair and several teachers share the few stools available. With limite taining the science labs is often overlooked. Several studies have shown that when students have a poonment, their academic achievement increases. I would like the students to have pride in their classrofeel like real scientists. Fram Impact: (How will the teachers and students benefit from this project?) The abstables have sustain years of abuse and are in desperate need of repair. Students have complained the screatched, carved and damaged, that it makes writing on the tables difficult. We will repair all the labels in the science department as well as supply additional stools so that teachers do not have to share	ed funds, sitive learning om and make hat the tables tables and			
	ram Evaluation Method: (How will you measure teacher and student success?) ents will be surveyed to see how the new science equipment effects their learning.				
"	ram Timeline: (provide a project start date and completion date) will be purchased immediately upon receipt of funds and the survey will be administrated I month aft.	ter receipt of			
Program Ap	proved By:				
	Principal Assistant Superintendent/Superintendent				
	pal, assistant superintendent or superintendent signature is required for all requests over \$2,000.00. T				
	ent's signature is required for all requests over \$5,000.00. The superintendent's signature is also requum or capital expenditures (other than building improvements)	ired for all request			
Tor carrican	amor capital experiences (outlet chair building improvements)				
Requesting	party has read and agrees with the funding policies of the Educational Foundation.				
Signed:	Date:09/06/18				
Printed Nar	ne:Amy Herman Email:hermana@lake.k12.fl.us				
To be comp	pleted by foundation staff/board				
Program me	eets Foundation Mission/Funding Policy: Yes or No				
Director Re	ecommendations:				
Executive B	oard Recommendations:				
Ap	proved Denied				
	President Signature	Date			

