

# DLSEC Event Proposal and Planning form

Proposed Event \_\_\_\_\_

Details **\*\* What is the goal or objective of this event?**  
**\*\* How will this supplement or support the goals and objectives of the Co-op?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Organizer(s) \_\_\_\_\_

Participants \_\_\_\_\_  
 Students, Depts, All staff etc. \_\_\_\_\_

Tentative Date \_\_\_\_\_ Check YISD & DLSEC calendars for potential conflicts

Length of event                      Half day                      Full Day                      Multiple Days     

## Cost Projection

Location _____	Supplies & Materials			
If off-site, what will the fees be for the following:  <div style="text-align: right; padding-right: 10px;">             Rental Fee              Set up Fee              Clean up Fee           </div> _____ _____ _____ _____	Specify any items that will need to be purchased for event			
	ITEM	AMOUNT	ITEM	AMOUNT
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

If participants are off contract, is compensation being requested?    Yes    No

If yes, what form of compensation is being requested? Actual pay or Time off (Compensatory time?)  
 \_\_\_\_\_

Will travel be involved?

Bus	(Cost of fuel)	_____
Van	(Cost of fuel)	_____
Rental	(Rental fee & fuel)	_____
Other	(Mileage or fuel)	_____

Impact on Staff	Subs needed?	# Needed	Full day / Half day	Cost
# Teachers attending _____	Y    N	# _____		\$65 - \$75 / day
# Paras attending _____	Y    N	# _____		\$60 / day
# Other employees attending _____	Y    N			

Please list any other potential expenses that might be incurred as a result of this event.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## MAINTENANCE

\_\_\_\_\_ # tables needed \_\_\_\_\_ Size of tables \_\_\_\_\_ # chairs needed

\*\*Please provide a diagram of how the furniture should be arranged.\*\*

## TECHNOLOGY

What type of technology equipment, if any, will you need?

\_\_\_\_\_

\_\_\_\_\_

Does the location you have selected have any of these items available on site?

If yes, what?

\_\_\_\_\_

What equipment will be need to be brought in to interface with the items on site?

\_\_\_\_\_

\_\_\_\_\_

## NURSES

If students are involved in this event, what health care individuals do we need on site?

\_\_\_\_\_

\_\_\_\_\_

## APPROVALS

Supervisor

\_\_\_\_\_

Approved as proposed

Date

\_\_\_\_\_

Approved w/stipulations or changes

Denied

\_\_\_\_\_

\_\_\_\_\_

Executive Director

\_\_\_\_\_

Approved as proposed

Date

\_\_\_\_\_

Approved w/stipulations or changes

Denied

\_\_\_\_\_

\_\_\_\_\_

After final approval granted from the Executive Director, the organizer should immediately give copies of this form to the following individuals or departments as needed:

SERS

Operations Director

Nurse Supervisor

I.T. Dept

Principal/MD Coord.

Receptionist

Maintenance

Budget Manager

Sp. Prog. Secretary

It is the organizer's responsibility to notify all departments in the event of any changes to, or cancellation of, the event.