

	<p align="center">River Bend Area Learning Center 1315 S Broadway Street New Ulm, MN 56073 ph(507) 359-8780 fax (507) 359-1586</p>
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Targeted Services Proposal (Grades 1-8)

School District _____

School Building Hosting Program: _____

Contact Person: _____ email: _____

Dates for Program: _____ to _____

Daily Starting and Ending Time for Students: _____ to _____

#of Days : _____ Hours Per Day: _____ **Total Hours per Program:** _____

Grade/s served: _____ Number of Students _____

In Person _____ **or Hybrid** _____ **or Distance Learning** _____

Days of week _____ M _____ T _____ W _____ Th _____ F

Teacher	email	Grade/Class

Please indicate if one teacher will be taking attendance for all or if each individual teacher will take their own attendance.

_____ One Teacher (Name _____)

_____ Each individual

Purpose of Program:

Description of Instructional Strategies:

Measures of Success: (Tests, quizzes, papers, presentations, projects)

Estimated Program Budget

Program Revenue

Grades 7-8: approximate \$5.31

of Students ____ X # of Hours Per Student ____ X \$ 5.31 = \$ _____
(Estimated Revenue)

Grades 1-6: approximate \$4.83

of Students ____ X # of Hours Per Student ____ X \$ 4.83 = \$ _____
(Estimated Revenue)

Program Staff Expense

Teacher	Position	Licensure	Hrs/Day	Hourly Rate * Including Benefits	Expense per Day	Total Expense
					Total	

\$ _____ - \$ _____ = \$ _____
(Estimated Revenue) (Estimated Staff Expense) (Estimated Program Income)

River Bend Education District will bill 10% of generated revenue to cover administrative costs.

In the event the program exceeds revenue, please provide a detailed explanation on a separate sheet of where the expenditure comes from in the school budget.

In the event there is Program Income, please provide a detailed explanation on a separate sheet of how the income will be spent on the program. All program income must be spent on the proposed program.

Principal's Signature

Date

Principal Name Typed or Printed

Approval

Chris Bodick, Coordinator

Date

Date submitted to contact and business manager