***For CIA Department***

Funding Source

TCP CODE:

# School:

**Instructions:**

Complete this request for collaboration time, you will also need to complete a requisition request.

Collaboration Time Request and materials needed may be purchased through different funding sources

Therefore, two forms may need to be completed. You will also need to complete a requisition form for additional material such as books, webinars, guest speakers, etc.

**Please submit to Shawna Wilmore Sign-In Sheet**

The Principal, Chief Academic Officer and Director of Grants and Federal Program, will need to sign the Collaboration Time Request and/or requisition before a TCP code can be generated and materials can be purchased. Please allow enough time to obtain materials if you are using them in conjunction with your Collaboration Time.

# Title of Collaboration:

# Contact Person for Collaboration:

**Best phone number to reach contact p**erson:

**Location for Collaboration**: \_\_\_\_\_\_\_Building. \_\_\_\_\_\_\_\_\_\_ On-Line. \_\_\_\_\_\_\_\_\_CAB

# Description of Collaboration Time (Purpose)

**What are end outcome(s) of the Collaboration Time**

**What data will be gathered/documented to show impact on student performance?**

**Explain how this request will support the School Improvement Plan**

**Collaboration Time Details** (You may add additional lines if you need to. Costs each day should only include sub time or teacher non-contract time)

**$44.00**

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| --- | --- | --- | --- | --- |
| **Date(s)** | **Time:** | **Names of Participants, and group/grade****level** | **Costs for Substitutes (#of Subs x $190/day)** | **Costs for teachers time not in contract****hours (#participants x # of hours x** $44.00 |
| **#****Substitutes****Needed** | **Cost for subs (# of Subs x****$190/day)** | **Total Cost for****Substitutes** | **#****Participants** | **# of hrs** | **Total Cost For teacher****time** |
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| **Totals** |  |  |  |  |  |  |

# SIGNATURES:

**Principal**

**Director of Grants and Federal Programs**

**Chief Academic Officer**

Approved Date: Denied Date:

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| Sweetwater County School District #1Requisition Form |

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| --- | --- |
| **Date:**  | **Requested by:**  |
| **Purpose of Request:** |
| **Building(s):** |
| **Classes Used For: Number of students served:**  |
| **Funds used for purchase: € District € Title I € Title II € Title III (EL) € Title IV € 21st Century € BOCES** **€ Perkins € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Budget Code(s) (if known):** |
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**Vendor Information (Amazon and Wal-Mart are not accepted Vendors): \*\*\*PLEASE FILL OUT COMPLETELY\*\*\***

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| **Name** |  |
| **Address** |  |
| **City, State, ZIP** |  |
| **Phone #** |  | **Fax#** |
| **Web Address** |  |
| **Item Description** | **Item Number** | **Quantity** | **Unit Price** | **Total** |
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| **Subtotal** |  |  |  |  |
| **Shipping** |  |  |  |  |
| **Total** |  |  |  |  |
| **Does this Purchase exceed $10,000.00?** | **If yes, 3 competitive quotes or a sole source letter are required for any order over $10,000.00.** |
| **Is a Facilities plan review needed?** If you answer yes to any question below, YES- one is needed:* **Can air quality be affected?**
* **Does anything plug in to an outlet?**
* **Does the vendor not ship items on a pallet?**
* **Does any individual item weigh more than 1,000 pounds?**
* **Are any individual items more than 6 feet tall?**
* **Is there a space large enough in the building, or will this item block access to windows, electrical panels, etc.?**
 | **If yes, a blank form is available on the District website under the CIA Department forms and should have all signatures and accompany this form and any quote(s) to be submitted.** |

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| **Department Chair Signature (Only Required for Elementary Art, Music and PE)**  | **Date:**  |
| **Building Principal Signature:** | **Date:**  |