Middle School Intervention Project (MSIP)
PROJECT PROPOSAL

School: _____ Date: _____

Person(s) Submitting Proposal: _____ Phone: _____

Project Name: MSIP

• Brief description proposed activity:

• Number and description of students who will be served:

• What are you requesting funding for and how much (substitutes, extended pay, curriculum/materials, transportation, student fees for clubs/activities, etc.)?

• Names, job descriptions, and cost of staff members involved:

• Date and time of the proposed project or meeting:

Please return to Sally Helton (Phone: 503.431.4094; Fax: 503.431.404;, email: Shelton@ttsd.k12.or.us).

For Office Use Only	
Reviewed by:	Date:
Approved by:	Date:
$	Account Number: