

McLaughlin School District 15-2

Proposal Review Form

Date Submitted: _____

Committee/Person(s) Submitting Proposal: _____

Event/ Activity: (bullet points only)

Event/ Activity Date: _____

Master Calendar has been checked and cleared for conflicts: Yes No

Goal: _____

Person(s) Responsible: _____

*Fiscal Impact: _____

Facilities Impact: _____

Food Service Impact: _____

Evaluation Tool/Data Collection: _____

Security Needed: _____

Technology Needed: _____

Transportation Needed: _____

Janitorial Staff Needed: _____

Administrative Team Signoff (Initial Please):

____ Athletics/ Activities ____ Business Office ____ Elementary ____ Food Service

____ Maintenance ____ Secondary ____ Security ____ Technology

____ Transportation ____ Wellness

Superintendent (Signature): _____

*Budget Attached.