

South St. Paul Youth Enrichment Course Proposal Form

Instructor Information

Name _____ Social Security # _____
 Address _____ City _____ State/Zip _____
 Phone (work) _____ Phone (home) _____
 Email address _____

Please write a brief biography to be included in the brochure description (list work experience, background and/or education).

Course Information

Course Title	# of Sessions	Age/Grade	Day(s) of Week	Time	Room Needs	School	Start Date

Course Description

(This will be used in the brochure to describe your class. If extra materials or costs are required, or if you will provide them for students, please indicate this in the description.)

Class Maximum _____ Class Minimum _____

Supplies and Equipment

If you have any equipment needs please indicate them here (audio visual, tables, mats, etc.).

Xerox needs: # of copies _____ collated _____ stapled _____ color _____

Purchase order/voucher: Amount \$ _____ Vendor _____

Class Supplies (Please specify cost and vendor)

- Provided by instructor _____
- Provided by participants _____
- Provided by Community Education _____

Any other facility/equipment requests _____

Office Use Only

Total course expense \$ _____

of hours _____ x \$ _____ (hourly rate) + \$ _____ (materials costs) + (other costs) = \$ _____

Method of Payment: Time Sheet _____ Contract _____

Instructor signature _____ Community Education Coordinator _____

Return to: Community Education SSP Youth
 Programs 100 7th Ave N
 South St. Paul, MN 55075
 ljacobs-buse@sspps.org