



**2018-2019 Des Moines Public Schools
Individual Educator Quality Proposal Form (Building Funds)**

Name _____ ID Number _____
 Position _____

I have already received building-level EQ funds from a proposal this year (YES NO) or last year (YES NO).

Brief description of proposal:

_____ **How**

does the opportunity proposed align to your Individual Career Development Plan?

What impact will this opportunity have on students?

Check and complete the area(s) below for requested funding. Receipts will need to be submitted once approved.

<p>Substitute Teacher Pay</p> <p>___ Half-Day(s) x \$67.50 = _____</p> <p>___ Full Day(s) x \$135.00 = _____</p> <p>Hourly Rate/Per Diem</p> <p>___ Hours x \$29.50 = _____</p> <p>Workshop Pay (Summer PD Rate)</p> <p>___ Days x \$150.00 = _____</p> <p>_____</p> <p>_____</p>	<p>Conference/Workshop Registration Fees</p> <p>Registration Fee = _____</p> <p>Travel (Complete District Travel Form)</p> <p>Estimated Cost from District Travel Form: _____</p> <p>Additional Items Requested (list include cost)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Applicant's Signature **Date**

FOR OFFICE USE ONLY

___ This request is approved for _____.

___ This request has NOT been approved.

FOR OFFICE USE ONLY

<p>_____</p> <p>EQ Lead's Signature</p>	<p>_____</p> <p>Administrator's Signature</p>
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FOR OFFICE USE ONLY – Check all payments that apply

___ Check Request (reimbursement of items/services)

___ Workshop Pay

___ Substitute Teacher Pay