Hillsborough County Public Schools

General No-Fee Proposal Intake Form



If you have any questions, please contact our office at (813) 272-4431.

Brief Description:

Submitted on:

Contact Person's Name:

Business/Agency Name:

Mailing address:

Phone Number/s:

Fax Number:

Contact Person's E-mail Address:

DIRECTIONS: Answer the following questions in sufficient detail as to allow the reader to comprehend the full content of your initiative.

If you submitted in the past, enter the date of your most recent submission:

Have you had any discussions with anyone in the District regarding this

event/program/proposal? If so, whom?

Is there a monetary obligation required of any student, parent or staff?

Is there a cost to the school or to the School District for this initiative or service?

Is your proposal labor-intensive for school board employees?

Describe what you intend to provide for the school/s

How will students benefit educationally from your proposal? Is it research-based?

What is your source of funds for this project? If more than one, please describe each.

Is there an evaluation component?

Do you have any expectations from the School District as a result of this initiative or

service?

If applicable, what kind of business advertising is expected to take place?

What is the time frame for your initiative or service?

How does your initiative or service relate to the school district's Strategic Plan? The strategic plan may be found at the link: [Superintendent's Office / HCPS 5-Year Strategic Plan (hillsboroughschools.org)](https://www.hillsboroughschools.org/strategicplan) .

Facilitron Reservation Permit #:

DIRECTIONS FOR ATTACHMENTS

If you have additional material that will accompany your online proposal (support

documents/examples), please email additional information directly to DRC@hcps.net or mail one (1) copy of item(s) to District Review Committee, ROSSAC/2nd Floor, 901 E. Kennedy Boulevard, Tampa, Florida 33602. All proposals and any additional materials must be submitted by the first Friday of the month to be considered for that month's review. This printable summary sheet must accompany any additional materials sent to our office. If you need further assistance, please contact us at (813)272-4048.

Fundraiser Specific:

Do you have insurance related to this service or product?

Type of business insurance:

Insurance Policy Number:

If you have insurance, email the Certificate of Insurance for each line carried to: DRC@hcps.net

Company Name: **\***

Business Phone: **\***

Owners/Corporate Officer: **\***

Contact Person: **\***

Contact Phone: **\***

Contact Email: **\***

Business Physical Address line 1: **\***

Business Physical Address line 2:

Business City: **\***

Business State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   

**ZIP/Postal code:\***