**Sheffield-Sheffield Lake City Schools**

**Developmental Extra-Curricular Activities Fund (DECAF)**

**SUPPLEMENTAL PROPOSAL FORM**

**2015 - 2016**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Percentage: \_\_\_\_**

**Title of Decaf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of DECAF: Semester / Yearlong # of Years in Existence\_\_\_\_\_\_\_**

**Please respond to the following and submit to the Supplemental Contract Committee.**

1. Provide a brief description of the current DECAF.
2. Where are the activities held?
3. Identify the criteria used to determine student participation:
4. If approved in past year(s), identify the number of student participants in the program:
5. If applicable, how has number of participants changed over the years?
6. Please outline the specific activities and timeline involved in the current program.
7. Anticipated number of hours:
8. Are there different activities throughout the year that draw different numbers of students?
9. Create a list of your duties associated with this position.
10. How does this help enhance the students’ academic, social or emotional development?

***Print your above proposal and submit it to your administrator.***

1. **Statement of Administrator Support:**

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Administrator’s Signature & Date