

Dedham Educational Partnership Donation Application

"The mission of the Dedham Educational Partnership (DEP) is to foster education and community service by supporting school programs, scholarships and extra-curricular activities within the Dedham Public Schools."

The **Dedham Educational Partnership** is an independent community-based organization that raises funds for the enrichment of the Dedham Public Schools. By funding initiatives that are beyond the expected public school funding resources, the DEP hopes to add additional positive public school experiences for students, teachers and community members. The DEP encourages yearly and multi-year donation requests. There is no minimum or maximum for funding requests and donation request submission is rolling.

The DEP encourages public school teachers, students, parents, administrators and community members to apply.

If a donation is approved, please submit a follow-up recap after the project/event is underway or completed. Submission of any pictures is also appreciated.

Title of Donation Request:	Date of Request:
Requesting Contact:	
School or community affiliation/position	on:
Telephone:	Email Address:
Other participants in the project (e.g., Members):	School Personnel, PTO, Students, Community
Organizations or individuals involved in	project leadership:
Does your request involve information *All technology requests must be approved prior to submiss compatible with current and future technology. Signature re	ion by the Technology Department Head to ensure items purchased are

Please provide a brief summary paragraph of your donation request. Please describe how this request aligns with current district and school improvement goals, the

Which students will benefits from this donation?

impact, need and expected benefits?

How many students will benefit from this donation?



Grade level of these students:

Will parents / community members b	penefit from this donation?
Amount of funding requested:	Will this be a recurring request?
Please attach any pertinent documer considered.	ntation or information you feel should be
Name Title	e Signature
Name Title	e Signature
Name Title	e Signature
Building Principal [if request is school based] Signature
Department Head [if request is school based] Title Signature
Technology Department Head [if applicable] DEP Approval: [] Yes [] No Deni	·
DEP Board Member Superintendent Approval: [] Yes [Signature Date] No Denial reason or special instructions:
Superintendent or Representative	Signature Date