

**Request for Private Non-Public Goods or Services**

**DATE:** **REQUESTING SCHOOL:**

**Name of Requesting PNP Administrator:**

**Which Title Funds are being requested: \_\_\_\_Title I \_\_\_\_Title II \_\_\_\_Title III \_\_\_\_Title IV**

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| **Describe the request**: |  | | | |
| **Name of organization to provide requested services:** |  | | **Total dollar amount being requested:** |  |
| **Was this request on the matrix?** | **\_\_\_\_Yes** |  | **\_\_\_\_NO** |  |

**WHO IS THE TARGET POPULATION?** *Who will receive the service*?

**WHAT SERVICES WILL BE PROVIDED?** *Include a timeline for each deliverable.*

**WHEN AND HOW WILL THESE SERVICES BE EVALUATED?**

1. What benefit to students, parents and staff is derived from implementing the proposal?
2. How will the Project Manager measure that the program was successful in supporting the target population?

**WHAT EVIDENCE SUPPORTS THE RECOMMENDATION OF THE PROPOSED VENDOR?**

Provide information/evidence regarding the capabilities and qualifications of the proposed vendor. If the vendor provided services last year, provide evidence showing performance. Procurement and Logistics will make the final determination regarding the method of selection.

**WHAT ARE THE FEES FOR THIS SERVICE?**

Please breakdown the cost of the requested service. How did you arrive at the total cost?

**SERVICE PERIOD:** Start Date       End Date

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| * *Please submit any quotes, invoices, marketing materials, and flyers that support the request along with this document.* | |
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| |  |  |  | | --- | --- | --- | | **APPROVED:** |  | | |  | *Principal* | *Date* | |  |

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| **APPROVED:** |  | |
|  | *DPSCD Grant Compliance* | *Date* |
| **ACCOUNT #:** | | | |

*Include the 39-digit line that you will use to pay the vendor. Example*: 14·XXXXXX·XXXXX·XXXXX·00000·XXXXXX· XXXXXXXXXX