**Classroom Startup Plan**

|  |  |
| --- | --- |
| **Name of Agency** |   |
| **Funding Amount** |   |
| **Classroom and Location** |   |
| **Date Submitted** |   |

1. Please list the outcomes your agency is focusing on through your start-up fund investments.

Outcome 1:

Outcome 2:

Outcome 3:

*{Examples: Improved classroom organization, more appropriate outdoor play equipment for preschool ages, strengthened capacity to use technology for instruction, etc.)*

1. Please check the boxes next to classroom categories that align with where you will be using your start-up funds. Next to the checked boxes, list the types of expected purchases.

|  |  |  |
| --- | --- | --- |
| Check all that Apply | Category | Expected purchases |
|  | Curriculum |  |
|  | Furnishings |  |
|  | Outdoor Equipment |  |
|  | Small Renovations/ Modifications |  |
|  | Technology |  |
|  | Other |  |

**Signatures:***My signature below indicates that I have reviewed the information recorded in the Classroom Startup Plan and that I understand its contents and agree to carrying out my responsibilities as they relate to meeting objectives and achieving outcomes:*

**Initial Plan Approval**

Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DEEL Education Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Payment Approval**

DEEL Education Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_