

NH State PIRC WORKSHOP CONTRACT

Submitted by: |

Today's Date: |

<input type="checkbox"/> Open <input type="checkbox"/> Closed
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Supervisor Approval: |

<input type="checkbox"/> WORKSHOP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> FESTIVAL <input type="checkbox"/> MEDIA <input type="checkbox"/> OTHER: _____
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THIS SECTION MUST BE FULLY COMPLETED (LEAVE NO BLANK SPACES) BEFORE THE WORKSHOP MAY BE HELD. DO NOT TURN IN CONTRACTS FOR TENTATIVE WORKSHOPS.		
Workshop/Event Title:		
Event Date:	Time:	Location:
Workshop Description:		
Presenter(s):		
Pre-registration Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No With whom?:		
Number Expected: Target Population:		
Directions: <input type="checkbox"/> On file <input type="checkbox"/> Will be sent by:		
Host Organization:		
Contact Person: Email: Phone:		
Mailing Address:		

IF "YES" IS CHECKED FOR ANY OF THE FOLLOWING ITEMS, A COPY OF THIS CONTRACT WILL SERVE AS THE WORKORDER. IF YOU NEED ANYTHING NEW DEVELOPED, YOU MUST FILL OUT A SEPARATE WORKORDER AND GIVE TO SUPPORT STAFF.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	AV EQUIPMENT NEEDED	(Please Take Advantage of Host Agency's Equipment, if Possible)
<input type="checkbox"/> Yes <input type="checkbox"/> No	PUBLICITY NEEDED	(Work Order Must Be Completed 21 Days Prior to Work Completion)
<input type="checkbox"/> Yes <input type="checkbox"/> No	MATERIALS NEEDED	(Please List Below - Support Staff Needs 7 Days Advance Notice)
Materials Requested:		

PARTICIPANTS SERVED. Complete this section (using <u>NUMBERS</u> , not check marks) within 7 days after workshop is conducted.																										
<p>(Attach attendance list) Parents/Family Members ___ TOTAL PARENTS ___ Low Income ___ LEP ___ Teen Parents ___ Other Parents Children (EC Only) ___ Birth-2 years old ___ 3-5 years old School Personnel ___ Teachers ___ Paraprofessionals ___ Administrators ___ Support Staff ___ Others: ___ TOTAL (individuals served)</p>	<p>Low Income Parent Determination: ___ 100% (Schoolwide or >40% Title I) ___ % Title I (when less than 40%) ___ Self-Report [check all that apply]</p> <p>Parent/Also Parent Ethnicity PLEASE USE <u>NUMBERS</u>! Par. Also Parent ___ African American ___ Asian ___ Caucasian ___ Hispanic/Latino-White ___ Hispanic/Latino-Black ___ Mixed Race ___ Native American/Alaskan ___ Hawaiian/Pacific Islander ___ Other Race ___ Unknown CHECK: ___ reported ___ estimated</p>	<p>Geographics. Check one: ___ Urban ___ Suburban ___ Rural</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Schools (List # & Name) <i>See list attached to hard copy</i></td> <td style="padding: 5px;">Title I</td> <td style="padding: 5px;">SINI</td> </tr> <tr> <td style="padding: 5px;">___ Elementary: _____</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">___ Middle: _____</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">___ High: _____</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">___ Other (e.g, k-12, 6-12): _____</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Districts (List # & Name)</td> <td colspan="2" style="padding: 5px;">DINI</td> </tr> <tr> <td style="padding: 5px;">___ School Districts (LEAs): _____</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 5px;">___ SAUs: _____</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p>PTO/PTA/PTG's & Community Orgs (#, circle, & list) ___ PT/CO: _____ ___ PT/CO: _____ ___ PT/CO: _____</p>	Schools (List # & Name) <i>See list attached to hard copy</i>	Title I	SINI	___ Elementary: _____	<input type="checkbox"/>	<input type="checkbox"/>	___ Middle: _____	<input type="checkbox"/>	<input type="checkbox"/>	___ High: _____	<input type="checkbox"/>	<input type="checkbox"/>	___ Other (e.g, k-12, 6-12): _____	<input type="checkbox"/>	<input type="checkbox"/>	Districts (List # & Name)	DINI		___ School Districts (LEAs): _____	<input type="checkbox"/>		___ SAUs: _____	<input type="checkbox"/>	
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___ SAUs: _____	<input type="checkbox"/>																									
Conferences/Festivals ONLY: ___ Total Attendance																										

LIST MATERIALS GIVEN		INDICATE #'S GIVEN				
Product Type	Description	Parents	School Personnel	Schools Districts	Comm Orgs	Others
Bookmarks						
Books						
Posters						
Articles						
Brochures/Pamphlets						
Fact Sheets/Rack Cards (EC)						
Fact Sheets/Rack Cards (SA)						
CDs						
DVDs - circle or write title(s):	TRS PP W2K KRS KRKK LRT TOTB					
Conference Handouts						
Newsletters						
Training Materials (e.g., PPTs)						
Other (specify):						
NCLB ONLY:						
Brochures/Fact Sheets/Rack Cards *ABCs and Tri-Fold indicated here	GENERAL/ALL TOPICS*					
	SCHOOL ACCOUNTABILITY ONLY					
	SCHOOL CHOICE ONLY					
	SUPPLEMENTAL ED. SERVICES ONLY					
Hispanic Family DOE Toolkit						
Empowering Parents DOE Toolkit						
Other (Specify):						

COLLABORATIONS: *(Please check all that were involved)*

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Faith-based Orgs (list: _____)	<input type="checkbox"/> Other State Dept/Office (list: _____)
<input type="checkbox"/> Agency/Organization-Local (list: _____)	<input type="checkbox"/> Family Resource Center	<input type="checkbox"/> Parent Involvement Office (District)
<input type="checkbox"/> Agency/Organization-National (list: _____)	<input type="checkbox"/> Family Resource Connection	<input type="checkbox"/> Parent Involvement Office (Regional)
<input type="checkbox"/> Agency/Organization-State (list: _____)	<input type="checkbox"/> Family Resource Ctrs	<input type="checkbox"/> PAT
<input type="checkbox"/> Americorp Reads	<input type="checkbox"/> Head Start	<input type="checkbox"/> PBIS
<input type="checkbox"/> Businesses	<input type="checkbox"/> Health Care/Mental Health	<input type="checkbox"/> PIC
<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> Institute of Higher Education	<input type="checkbox"/> PTA/PTO/PTGs
<input type="checkbox"/> Clearinghouses	<input type="checkbox"/> Justice/Corrections	<input type="checkbox"/> PTIs
<input type="checkbox"/> Comm-Based Organizations (list: _____)	<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Legislators	<input type="checkbox"/> School District/SAU
<input type="checkbox"/> Comprehensive Assistance Centers	<input type="checkbox"/> LEP Organization	<input type="checkbox"/> Shelter
<input type="checkbox"/> Early Head Start/Head Start	<input type="checkbox"/> MCAM	<input type="checkbox"/> State Title I Office
<input type="checkbox"/> Early Reading First	<input type="checkbox"/> Minority Group	<input type="checkbox"/> Support Group
<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> NH Dept of Education/US DOE	<input type="checkbox"/> Title I School
<input type="checkbox"/> ESL Organization	<input type="checkbox"/> NHC	<input type="checkbox"/> University Groups
<input type="checkbox"/> Even Start	<input type="checkbox"/> Other District Dept/Office (list: _____)	<input type="checkbox"/> Other (list: _____)
	<input type="checkbox"/> Other Regional Dept/Office (list: _____)	
	<input type="checkbox"/> Other School	

INDICATE IN-KIND SERVICES PROVIDED (Room, Food, Materials, Childcare etc.)

DESCRIPTION: _____	DESCRIPTION: _____	DESCRIPTION: _____
BY WHOM: _____	BY WHOM: _____	BY WHOM: _____
EST. VALUE _____	EST. VALUE _____	EST. VALUE _____