



PROPOSAL OVERVIEW

Use the Overview document to summarize and provide an overview of the information completed in the Proposal Planning Guide. This page is included as a guideline - please complete the next page and submit with your proposal.

Guidelines:

<input type="checkbox"/> Fundraiser / <input type="checkbox"/> Event Name: <i>Your fundraiser or event name</i>					
	Input	Activities	Outputs	Outcomes	Impact
Pre-Implementation <i>(before the event)</i>	<i>see below</i>	<i>see below</i>		<i>What we wish to achieve - Meaningful changes for those served by event/activity, generally defined in terms of expected changes in knowledge, skills, attitudes, behavior, condition, or status. These changes should be measured, be monitored as part of council's work, link directly to the efforts of the council and serve as the basis for accountability</i>	<i>What we aim to affect - The results that can be directly attributed to the outcomes of a given activity/event or fundraiser as determined by evaluations that are capable of factoring out other explanations for how these results came to be. Link to parent surveys, board goals etc –</i>
Implementation <i>(during and after the event)</i>	<i>Money, time, staff, expertise, methods, and facilities—that is committed to an activity to produce the intended outputs, outcomes, and impact.</i>	<i>Details of Event/Fundraiser – logistics</i>	<i>What we count – The volume of a program's actions, such as products created or delivered, number of people served, and activities and services carried out. Always include an evaluation (word clouds, smiley face, surveys etc.)</i>		



Please complete this page:

<input type="checkbox"/> Fundraiser / <input type="checkbox"/> Event Name:					
	Input	Activities	Outputs	Outcomes	Impact
Pre-Implementation	Click here to enter text.	Click here to enter text.		<i>Knowledge:</i> Click here to enter text.	<input type="checkbox"/> Foster Well-Being and Mental Health
Implementation	Date/Time: Click here to enter text. Facilities/Equipment: Click here to enter text. Budget/Money: Click here to enter text. Communication: Click here to enter text. Staff/Volunteers: Click here to enter text.	Click here to enter text.	People Served: Click here to enter text. Activities/Services: Click here to enter text. Products: Click here to enter text.	<i>Skills:</i> Click here to enter text. <i>Attitudes:</i> Click here to enter text. <i>Behaviours:</i> Click here to enter text. Condition: Click here to enter text. Status: Click here to enter text.	<input type="checkbox"/> Champion Equity & Inclusivity <input type="checkbox"/> Build Collaborative Relationships <input type="checkbox"/> Empower Ethical Leadership <input type="checkbox"/> Advance student achievement and well-being through public education, which motivates learners, fosters inclusion, inspires innovation and builds community.

Please contact the School Council at mazo.de.la.roche.ps@sc.yrdsb.ca if you require assistance in completing this form. When complete, please submit this form electronically to the same email address, or if submitting a hard copy, please use the School Council mailbox in the main office and address your submission to the School Council Chair.

Thank you for taking the time to complete this form. Successful planning will mean successful events!