

View results

Respondent

14 Jill Chaffin

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Time to complete

## Applicant Information

1. **Name \***

Jill Chaffin

2. **School/Department \***

KHS Quiz Bowl

3. **Phone Number \***

2084218814

## Purpose and Objectives

4. **Brief Description of the Project/Initiative** *(Provide a concise overview of what you are planning to do) \**

New buzzer system for our Quiz Bowl team.

5. **Goals and Objectives** *(Describe the specific goals and objectives of the project/initiative and how they align with the district's mission and support student learning) \**

This will provide an updated system to practice on and take to meets. Our current system is old and only has only four buzzers per team. We need five buzzers per team to be in compliance with National Quiz Bowl rules.

## Funding Details

6. **Total Amount of Funds Requested** \*

\$575

7. **Current/Future Funds** *(What funds are currently available for this project and describe future fund-raising plans)* \*

None

8. **Estimated Cost for Students** *(What is the estimated "out of pocket" cost per student)* \*

\$60

9. **Budget Breakdown** *(Provide a detailed budget, including specific items, quantities and costs)* \*

Team-Box Quiz System \$575

## Impacts and Outcomes

10. **Target Audience** *(Specify who will benefit from this project/initiative, such as specific student groups, grade levels, number of students, etc.)* \*

All students who participate in Quiz Bowl from now until I retire!

11. **Expected Outcomes** *(Detail the expected impact on student learning and academic experience)* \*

This will allow us to adequately prepare for local and regional meets

12. **Evaluation Plan** *(Describe how you will assess the success of the project/initiative)* \*

Hopefully this will help us increase our club numbers and wins in local and regional meets

## Additional Information

13. **Previous Funding** *(If applicable, list any previous funding received for similar projects/initiatives and their outcomes)* \*

None

14. **Additional Comments** *(Include any other information that may be relevant to the board's decision)* \*

None

## Approvals

15. **Applicant Signature** *(Type name below)* \*

Jill Chaffin

16. **Principal/Director Signature** *(Type name below)* \*

Darin Gonzales

17. **Date** \*

11 March 2025

## Submission Instructions

Please submit completed form at least 10 business days prior to the regularly scheduled board meeting to be considered for funding. Board Meeting dates can be found at <https://www.kimberly.edu/board-meeting-dates>

The Board kindly requests that a representative, including student representative(s), from your organization be present at the board meeting where your funding request will be discussed. This will allow for any questions or clarifications to be addressed as needed