

View results

Respondent

7 Darin Gonzales

65:52

Time to complete

Applicant Information

1. Name *

Darin Gonzales and Zach Dong

2. School/Department *

High School gym

3. Phone Number *

208-423-4170 ext. 3142

Purpose and Objectives

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

The high school uses a tremendous amount of ice weekly. The ice is used for injuries, and to provide ice at all home and away games. The current ice machine has broken about 5-6 times in the last year. Each time, the high school spends \$100-\$600 getting it repaired. As of 1/24, the ice machine broke down again. The athletic trainer doesn't have any ice for practices. She has to go to CSI and get ice for games on her way to KHS.

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) *

To have a reliable ice machine for the hundreds of pounds of ice we go through each week. To be able to treat injuries immediately for a sprain, blunt force trauma, or dislocation.

Funding Details

6. Total Amount of Funds Requested *

\$5020

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

The athletic budget is generally used for this item. But it would be nice to keep the athletic budget for uniforms, officials, travel, and equipment.

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

\$0

9. Budget Breakdown *(Provide a detailed budget, including specific items, quantities and costs) **The only cost is the ice machine. We can install and pay for any delivery costs. https://www.katom.com/399-IDT0450AD570.html?utm_source=surfaces-across-google&utm_medium=organic&utm_term=399-IDT0450AD570&srsltid=AfmBOo9g48vPFCBZtGbw8So8CU4G5pv7VvP6jAeDzC5zpl5gD5Zuq-kBX0&gQT=1

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 have any injury during the school year while at school, and all athletes who need ice to cool down, and rehab injuries.

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

All athletic programs will benefit by having access to a reliable source of ice.

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

By having ice whenever needed

Additional Information

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

The last ice machine was purchased with athletic funds around 6 years ago.

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

This item is 100% for the students

Approvals

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

Darin Gonzales

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

Darin Gonzales

17. **Date** *

1/27/25

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