**Complete the graphs below about your participating schools and grade levels, projected enrollment and champion goals, and secured resources to launch and sustain the Promise program, please upload your completed document.**

List each participating school district and school name. For each school, enter the number of students in the grade level. If a grade level is not participating or is not served in that school, enter 0.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County Name:  |   |   |   |   |   |   |
|   | School District Name | School Name | K | 1st | 2nd | 3rd | 4th | 5th |
| 1 |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |   |   |
| 8 |   |   |   |   |   |   |   |   |
| 9 |   |   |   |   |   |   |   |   |
| 10 |   |   |   |   |   |   |   |   |
| 11 |   |   |   |   |   |   |   |   |
| 12 |   |   |   |   |   |   |   |   |
| 13 |   |   |   |   |   |   |   |   |
| 14 |   |   |   |   |   |   |   |   |
| 15 |   |   |   |   |   |   |   |   |
| Totals | N/A | N/A | 0 | 0 | 0 | 0 | 0 | 0 |

Please include your projected enrollment and champion goals and funding need for the upcoming program year.

|  |  |
| --- | --- |
| 1. Based on your population size and demographics and the participation goals of Promise, what is the number of accounts you will establish in your county? |  |
|   |   |
| 2. Total funding needed in your county for the $25.00 enrollment incentive(Participation goal X $25.00) | $ |
|   |   |
| 3. What is your projected community match amount for students that deposit funds during the champion period? (Fill in the amount you will deposit per student.) |  $ |
|   |   |
| 4. The total number of students that receive a community match (based on a goal of 40% of youth with accounts receive the community match) (Calculate 40% of your participation goal stated in #1) |  |
|   |   |
| 5. Total funding needed in your county for your projected community match amount (#3 X #4=) | $0.00 |
|   |   |
| 6. The total funding needed in your county for enrollment incentives and community match ( #2 + #5=) | $0.00 |

Each table is designated to show the intended use of the funds: Program Operations, Enrollment Incentive, or Community Match. For each of the three tables, list all of the funding commitments that you have secured to support the delivery of the Promise program in your county.

|  |
| --- |
| **Intended Use of Funds: Program Operations** |
|   | **Funder****(List name of funder)** | **Funder Type** **(Include Public, Private Organization, or Foundation)** | **Amount****(Only include funds $1,000 and above)** |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |  |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| Total: |   |   | $0.00 |

|  |  |
| --- | --- |
| **Intended Use of Funds: Enrollment Incentive** |  |
|   | **Funder****(List name of funder)** | **Funder Type** **(Include Public, Private Organization, or Foundation)** | **Amount****(Only include funds $1,000 and above)** |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| Total: |   |   | $0.00 |

|  |  |
| --- | --- |
| **Intended Use of Funds: Champion Match** |  |
|   | **Funder****(List name of funder)** | **Funder Type** **(Include Public, Private Organization, or Foundation)** | **Amount****(Only include funds $1,000 and above)** |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| Total: |   |   | $0.00 |