

Student-initiated-Activities (SiA)

Planning Proposal Template

*For each approved project, there is a maximum of \$40 funding from the school (if applicable).

1.	Title of SiA (ViA) Project				
2.	Name and Class of Chairman of Project	Class:		Name:	
3.	Contact Details of Project Leader	Нр:		Email:	
4.	Name and Class of Vice-Chairman of Project	Class:		Name:	
5.	Names and Classes of Other members (Committee Members and Participants)	Class	Name	<u>S:</u>	
6.	Name of Teacher Mentor of SiA (ViA) project		•		
7.	Community Group selected	Elderly / Children / Under-privileged / Disabled / Hospice / Others: Pls State:			
8.	Name of Beneficiary				
9.	Detailed Needs Analysis (Areas of concern)				
10.	Objective(s) of the project (Briefly explain)				

Proje Dates	ct Start and End s (dd/mm/yyyy)	Start:		End:						
Proje	Project Process Planning and Allocation of Duties									
No.	Processes / Step	os to be take	o be taken		By When		By Who			
Propo (Deta	Proposed Budget (Detailed breakdown if applicable. This is for planning purpose only.)									
No.	Items to I	ouy	Quantity	Total co	est Who	to buy	By when			

14.	Actual Day E		.					
	Event Date / Day: to to to Detailed breakdown of programme on Actual Day (if applicable): (if not, state 'NA')							
	Time Eg: 1200 to 1300	Programme Segment(s)	Items needed for this segment	Student IC				
	State Location for Event to be carried out:							

After Completion of SiA Project

Other things for submission (to be done by SiA Chairman): (To be done within 1 week after completion of project)

- 1. ALL receipts of purchase must be submitted to the Teacher Mentor for reimbursement.
- 2. Please update the teachers of all the names and class of students involved in the project and their level of involvement.