

**Sheffield-Sheffield Lake City School
Developmental Extra-Curricular Activities Fund
D.E.C.A.F. Project Form**

Name(s): _____

School: _____

Number of times this proposal has been submitted: ___ 1st ___ 2nd ___ 3rd _____

PROJECT IDEA or NEED:

PROJECT GOALS:

TARGET GROUP: _____

PROJECT OBJECTIVES (In measurable terms):
