

Approved _____
Not Approved _____
SAC Treasurer: Initial Please

Date of Request: _____

Total Amount of Funds Requested: \$ _____

Funds Source: SIP Funds _____ OR A+ Funds _____

Name _____ Department _____

Phone _____ Email _____

Department Chair Signature _____ Administrator's Signature _____

Under what area(s) of the current School Improvement Plan does this request fall?

Have you previously received funding from the School Advisory Council for this project?

____ Yes _____ Date

____ No

What other sources have been considered? (Check all that apply)

____ Department Funds _____ Grants _____ School Board _____ Other

Please provide a prioritized list reflecting the dollar amount of each item included in this request:

Please provide other pertinent information that you would like the Advisory Board to consider in its decision:

PLEASE NOTE:

1. All requests, except when deemed an emergency by the Principal, must be submitted two weeks prior to the monthly advisory council meeting to be considered for approval that month.
2. Application must be filled out completely.
3. If the request is for \$500 or more, you or a designee will be asked to attend the SAC meeting when you request is discussed.