

**ADMINISTRATIVE BUDGET APPROVAL REQUEST
PROGRAM OR DEPARTMENTAL BUDGET INCREASE REQUEST - GENERAL FUND ONLY**

NAME OF PROGRAM: _____

PROGRAM DESCRIPTION : _____

(Attach additional descriptive information or material. Include previous funding source if applicable & reason for funding request)

PROGRAM DIRECTOR: _____ Program start date: _____

INDICATE ONE OF THE FOLLOWING:	ONE YEAR ALLOCATION <small>(Budget is for current fiscal year only.)</small>	RECURRENT ALLOCATION <small>(Budget recurrent, but subject to annual review)</small>
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SCHOOL OR DEPARTMENT TO RECEIVE BUDGET: _____

REQUESTED BUDGET: 1.) STAFF: *	TITLE <small>(Teacher, Resource Teacher, Asst. Principal, Instructor, Clerk, Instructional Assistant, etc.)</small>	<u>Quantity</u>	<u>Projected</u>
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		<i>Projected staff costs</i>	\$ _____

2.) OTHER PAYROLL BUDGET:

CODE	BUDGET IN \$\$
Part-time Administrator	\$ _____
Certified Extended Time	\$ _____
Classified Overtime	\$ _____
Certified Workshops (Stipends)	\$ _____
Classified Workshops (Stipends)	\$ _____
	<i>total other payroll budget costs</i> \$ _____

3.) OPERATIONAL BUDGET:

Supplies	\$ _____
Equipment	\$ _____
Contractual Services	\$ _____
Other (describe) _____	\$ _____
	<i>total operational costs</i> \$ _____
	TOTAL BUDGET REQUEST \$ _____

SUBMITTED: X _____ Date _____
Principal / Cost Center Manager signature

X _____ Date _____
Cabinet Member Signature

APPROVED: X _____ Date _____
Superintendent signature

Submit original to finance - Treasurer office _____

LIST YOUR UNIT'S PRIORITY NEED THAT IS BEING ADDRESSED BY THE PROPOSAL!:

What data or needs assessments determined this priority?

WHAT IS THE GOAL OF THE PROGRAM? WHAT DO YOU HOPE TO ACHIEVE?

(If the department requesting is a school, the school should list the priority need based on needs assessment results.) The project goal needs to be measurable! Please include by when, who will do what as measured by what

LIST THE PROPOSED STRATEGIES TO ADDRESS THE NEED.

Your strategies must be specific.
Design strategies to address the issues relevant to the priority need so it can be eliminated and the goal can be accomplished.

HOW WILL THE PROGRAM BE EVALUATED?

The plan for evaluating the project will be reviewed by District Planning Department prior to allocation.
Please include what data you will collect to determine if your goal has been met.

DATE THAT EVALUATION PLAN WAS REVIEWED BY DISTRICT PLANNING: _____