



OFFICE OF THE SUPERINTENDENT
Special Funding Request
Fiscal Year 2018-19

SCHOOL/SITE:

Select School/Site

Contact:

(Requestor)

(Phone)

PROJECT SUMMARY:

Select Project Type
2 One-Time Special Request

Large yellow rectangular area for project summary details.

ESTIMATED TOTAL COST:

Table with columns for item (Salaries, Calc. Benefits, Books/Supplies, Est. Total Project Cost) and FTE. Values are mostly blank or zero.

FUNDING NOTES (OPTIONAL):

Approver Use Only

Approved

Denied

Notes: Superintendent/Designee signature

Resource % / Amount

1) _____

Fiscal Services Use Only

Budget allocated

Appropriation #, if required