**CANUTILLO INDEPENDENT SCHOOL DISTRICT**

**FEDERAL ENTITLEMENT FUNDS REQUEST**

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| **PLEASE INDICATE FUND: \_\_\_ 185 (SCE) \_\_\_\_\_211 (TITLE I)** **Return this form to Elvia Moreno** |
| **NOTE:** All requests are subject to meeting all compliance requirements including district and school improvement initiatives. |
| **DATE:** |
| **CAMPUS:**  |
| **CAMPUS ADMINISTRATOR SIGNATURE:** |
| **Describe the campus/district CN A purpose:** |
| **ACCOUNT NUMBER:** |
| **INDICATE CATEGORY FOR EXPENDITURE/INITIATIVE: (Check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Professional Development |  | Technology |  | Program Initiative |
|  | Travel-Teacher/Admin. |  | Extra Duty Pay |  | Subscriptions |
|  | Personnel |  | Substitutes |  | Parent Involvement |
|  | General Supplies |  | Reading Materials |  | Other: |

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| 1. **DESCRIPTION OF INITIATIVE: PROVIDE SPECIFIC DETAILS AND INCLUDE ANY COMPONENTS LISTED ABOVE (professional development, general supplies) RELATED TO EXPENDITURE.**
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| 1. **HOW IS THIS EXPENDITURE REASONABLE AND NECESSARY TO CARRY OUT THE INTENT AND PURPOSE OF THE GRANT PROGRAM?**
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| 1. **HOW IS THE EXPENDITURE SUPPLEMENTAL TO OTHER NONFEDERAL PROGRAMS?**
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| 1. **HOW WILL EXPENDITURE BE EVALUATED TO MEASURE A POSITIVE IMPACT ON STUDENT ACHIEVEMENT?**

We will evaluate the intervention program using the following methods: |
| **BELOW IS FOR INTERNAL USE ONLY:****Date received:**  |
| **Date of DENIAL:**  |
| **Reason for Denial:** |
|  |
| **Date of APPROVAL:** |
| **Compliance Director Signature:** |
| **Finance Signature (FOR PERSONNEL):** |
| **Chief of Human Resources Signature (FOR PERSONNEL):** |
| **Associate Superintendent Signature (FOR PERSONNEL):**  |
| **Superintendent Signature (FOR PERSONNEL):** |