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