

Special Programs Budget Form 2010 - 2011

Please complete and submit **1 copy** with every paper Purchase Order/
Check Request to the Special Programs Office. (Attn: Laurie Gagne)

Central Office use only:

Initials: Deputy Superintendent
and Director of Special Programs

Campus: _____

Grade Level: _____

Source of Funds: (Please check one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> ARI/AMI (404) | <input type="checkbox"/> Title I, Part A (211-A) | <input type="checkbox"/> Title II, Part A – TPTR (255) |
| <input type="checkbox"/> Bilingual/ESL (199-25) | <input type="checkbox"/> Title I, Part A – ARRA (285-A) | <input type="checkbox"/> Title III (263) |
| <input type="checkbox"/> Compensatory Education (199-24) | <input type="checkbox"/> Title I, Part D – ARRA Technology (279) | <input type="checkbox"/> Title VI (270) |
| <input type="checkbox"/> Optional Extended Year (401) | <input type="checkbox"/> Title I, Part D – KCJC (211-D) | |
| | <input type="checkbox"/> Title I, Part D – ARRA KCJC (285-D) | |
| <input type="checkbox"/> Other _____ | | |

Description of Expenditure: (If not detailed/described in request.) _____

- | | | |
|--|------------------------------|---|
| Title I School-wide campus? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (THS/HCHS NOT TITLE I CAMPUS) |
| Is this expenditure supplemental? | <input type="checkbox"/> YES | <input type="checkbox"/> NO, then it is Non-allowable |
| Is it based on Scientifically-based research? | <input type="checkbox"/> YES | <input type="checkbox"/> NO, then it is Non-allowable |

How does this purchase relate to the intent/purpose of the funds?

- Supplemental instructional resources and/or materials
- Training/Staff Development for teacher or principal to increase student academic achievement
- Technology (Software, Upgrade, Integration)
- Support Drug & Violence Prevention
- Support local educational reform efforts
- Provide innovation and educational improvement
- Develop or implement a program to improve school, student, and teacher performance

Area Addressed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Reading Improvement | <input type="checkbox"/> Science Improvement | <input type="checkbox"/> Library Enrichment |
| <input type="checkbox"/> Math Improvement | <input type="checkbox"/> Social Studies Improvement | <input type="checkbox"/> Character Improvement |
| <input type="checkbox"/> Language Development/Acquisition | | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> Staff Development – Specify Area & Personnel _____ | | |
| <input type="checkbox"/> Other _____ | | |

Students Who Will Benefit

- | | | | |
|---------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> All Students | <input type="checkbox"/> At-Risk Students | <input type="checkbox"/> LEP Students | <input type="checkbox"/> Other _____ |
|---------------------------------------|---|---------------------------------------|--------------------------------------|

I verify that this expenditure is being made in accordance with the regulations of the funding source and that the targeted student population will be served by this expenditure. All special program funds must and do supplement the educational programs and services on this campus and not supplant them.

Principal's signature and approval _____ Date _____