

SPECIAL REQUEST FORM

1. Site/Department: _____
2. Item Requested: _____
3. If more than one Special Request submitted please assign a priority: # _____
4. Estimated Costs: \$ _____

Personnel Costs	\$ _____
Materials Cost	\$ _____
Other	\$ _____
Total Costs	\$ _____

5. Required funding needs:

	General Fund	Special Funds
Continuing Support	_____	_____
One-time Expenditures	_____	_____

6. If continuing support is needed, what are the expected needs over the next 3 to 5 years?

7. What program at the school does this item support and how will this item effect or improve the program?

8. What Board of Education goals and objectives does this item address?

9. What portion of the LEA, LCAP, or SPSA does this item address?

10. Does the item qualify for funding under any categorical program or grant (Title I, DODEA, etc.)? If so, is this part of the school plan for any of these funding sources?

11. Why is this item being proposed?

Safety

Mandated by Law

Response to needs expressed by staff

Response to needs expressed by parents

Replacement of existing supplies/equipment

New developments/technology in the fields

Other

12. What will be the student population served by this item?

General Education K-12

Special Education

"AtRisk" student group

Other

13. Is partial implementation of this request possible?

Signature of Principal/Manager

Date