

**ADMINISTRATIVE BUDGET APPROVAL REQUEST  
PROGRAM OR DEPARTMENTAL BUDGET INCREASE REQUEST - GENERAL FUND ONLY**

NAME OF PROGRAM: \_\_\_\_\_

**PROGRAM DESCRIPTION :**

Include any additional relevant information, including previous funding source(s)

PROGRAM DIRECTOR: \_\_\_\_\_ Program start date: \_\_\_\_\_

INDICATE ONE OF THE FOLLOWING:  **ONE YEAR ALLOCATION** (Budget is for current fiscal year only.)  **RECURRENT ALLOCATION** (Budget recurrent, but subject to annual review)

SCHOOL OR DEPARTMENT TO RECEIVE BUDGET: \_\_\_\_\_

**REQUESTED BUDGET:**

<u>1.) STAFF:</u>	<u>TITLE</u> (Teacher, Resource Teacher, Asst. Principal, Instructor, Clerk, Instructional Assistant, etc.)	<u>Quantity</u>	<u>Projected Cost</u>
<p>Staff position change requests (additions or reductions) must be submitted via their respective processes as outlined in the Central Office Organizational Change Packet</p>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	<i>Projected staff costs</i>		

**2.) OTHER PAYROLL BUDGET:**

<u>CODE</u>	<u>BUDGET IN \$\$</u>	
Part-time Administrator	\$ _____	
Certified Extended Time	\$ _____	
Classified Overtime	\$ _____	
Certified Workshops (Stipends)	\$ _____	
Classified Workshops (Stipends)	\$ _____	
<i>total other payroll budget costs</i>		\$ _____

**3.) OPERATIONAL BUDGET:**

Supplies	\$ _____	
Equipment	\$ _____	
Contractual Services	\$ _____	
Other(describe) _____	\$ _____	
<i>total operational costs</i>		\$ _____
<b>TOTAL BUDGET REQUEST</b>		\$ _____

SUBMITTED: X \_\_\_\_\_  
Principal / Cost Center Manager signature

X \_\_\_\_\_  
Cabinet Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED: X \_\_\_\_\_  
Superintendent signature

\_\_\_\_\_  
Date

**UNIT'S PRIORITY NEED THAT IS BEING ADDRESSED BY BUDGET PROPOSAL:**

What data or needs assessments determined this priority?

**GOAL OF PROGRAM/PROJECTED ACHIEVEMENTS**

The program goal should be measurable.

**PROPOSED STRATEGIES TO ADDRESS UNIT'S PRIORITY NEED**

Design strategies that are specific and address issues relevant to the priority need.

**HOW WILL THE PROGRAM BE EVALUATED?**

Please indicate who will be responsible for determining the success of the program, what data will be collected to determine achievement, and at what point(s) the effectiveness of the program will be evaluated. This plan will be reviewed by Financial Services prior to allocation.

**DATE OF PLAN REVIEW BY FINANCIAL SERVICES: \_\_\_\_\_**