

FORM FOR SATELLITE DISTRICTS REQUESTING SUPPLEMENTAL FUNDING

Please complete and return the following form with appropriate signatures for your satellite district supplemental funding request.

A. Narrative and budget components:

1. A narrative description of how requested funds will be used to further the goals of career and technology education for students of the academy district:

Include supporting information identifying the following:

a. State approved CTE program targeted for supplemental funds:

b. If funds are for a single course identify the sequence placement of the course in the approved program within the satellite district:

2. Attach a detailed budget that identifies the type of funding requested, (ie. one time funding, supply funding, capital funding) and amount requested:

Type: _____

Amount: _____

3. Satellite district contact: _____

B. Satellite district approval

1. Superintendent approval of the request for additional funds:

Approved _____ Date _____

Denied _____ Date _____

C. VACTE components

1. Review of written proposal by VACTE staff: Date _____

2. VACTE Superintendent approval of the request for additional funds:

Approved _____ Date _____

Denied _____ Date _____

3. VACTE Board action:

Approved _____ Date _____

Denied _____ Date _____