



## State and Federal Funds Request Form 23-24

Supporting documents must be attached or request will be denied/returned to requester.

<p>Requested by: _____</p> <p>Date: _____</p> <p>Campus(es):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> ECC</li><li><input type="checkbox"/> ESN</li><li><input type="checkbox"/> ESS</li><li><input type="checkbox"/> ISN</li><li><input type="checkbox"/> ISS</li><li><input type="checkbox"/> MSN</li><li><input type="checkbox"/> MSS</li><li><input type="checkbox"/> HS</li><li><input type="checkbox"/> LSC</li></ul>	<p>Name of Project: _____</p> <p>Project Type:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Supplies/Materials</li><li><input type="checkbox"/> Presenter at BHISD (virtual, or face-to-face)</li><li><input type="checkbox"/> Training away from BHISD</li></ul> <p>Funding Source:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Title I</li><li><input type="checkbox"/> Title II</li><li><input type="checkbox"/> Title III</li><li><input type="checkbox"/> Title IV</li><li><input type="checkbox"/> ESSER</li><li><input type="checkbox"/> Perkins</li><li><input type="checkbox"/> Other: _____</li></ul>
--	--

**Level 1**

- Vendor quote(s) are attached (must have 3 quotes when exceeds \$9,999)
- How will these materials be utilized to supplement the current program?
- CIP/DIP Goal, objective, and activity
- Requestor's Signature: \_\_\_\_\_

**Level 2**

- Items are evidence based and will be used to supplement the current program
- The purchase meets a documented need in the campus CNA and is aligned to the CIP/DIP
- Program Coordinator Approval: \_\_\_\_\_