



WESLACO INDEPENDENT SCHOOL DISTRICT
FEDERAL PROGRAMS DEPARTMENT

609 East 6th Street
Weslaco, TX 78599-026

Department/Campus Funds Request Form

State Funds (164 & 169) and Federal Funds (211, 255, & 289)

Note:

- *State Compensatory Funds* must be used to support **at-risk or educationally disadvantaged** students.
- *Federal Funds* must be used to support **economically disadvantaged** students and meet **Supplement, Not Supplant** requirements.

Administrator Name: _____

Campus/Department: _____

Date of Request: _____ **Date Funds are needed by:** _____

Amount Requested: \$ _____

Purpose of Funds (Check one)

☐ Professional Development

☐ General Supplies

☐ Technology

Intended Audience (Check all that apply)

☐ Students

☐ Teachers

☐ Administration

Instructional Resources/Materials Requested?

☐ Yes ☐ No

If yes, Assistant Superintendent and/or C&I Officer approval is required:

Assistant Superintendent/C&I Officer Signature: _____

Justification of Fund Use

1. Explain how this request is 'reasonable' and 'necessary':

2. Explain how the use of funds aligns with the appropriate statute:

3. Explain how the request meets allowable use of the selected fund source:

Administrator Signature: _____

Date: _____

△ All requests for instructional resources, supplies, and materials must be approved by the Assistant Superintendent of School Leadership and/or C&I Officers.

Federal Programs Review/Approval

Signature:_____ **Date:**_____

☐ Approved ☐ Not Approved

Fund Source: _____

Account Number: _____