



State and Federal Funds Request Form

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

Requested by: _____ Date: _____ Campus(es): ☐ ECC ☐ ESN ☐ ESS ☐ ISN ☐ ISS ☐ MSN ☐ MSS ☐ HS ☐ DAEP ☐ LSC	Name of Project: _____ Project Type: ☐ Supplies/Materials ☐ Presenter at BHISD (virtual, or face-to-face) ☐ Training away from BHISD Funding Source: ☐ Title I ☐ Title II ☐ Title III: ELA ☐ Title IV ☐ Perkins ☐ IMA
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Level 1 (Completed by the Principal or Program Coordinator)

- ☐ 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
 - ☐ CIP/DIP Goal: _____
 - ☐ Objective: _____
 - ☐ Activity: _____
- ☐ Principal or Coordinator's Signature: _____

Level 2 (Completed by State & Federal Programs)

- ☐ 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: _____