



Cypress Bay High School School Advisory Committee Funding Request Form



Your Name: _____ Organization: _____

Department: _____ Campus/Room/Extension: _____

Project/Activity Name: _____

Description of Project/Activity: _____

Teachers involved/impacted from the project/activity: _____

Number of students to be impacted from the project/activity: _____

Dates of your project/activity: _____

Comments: _____

Vendor/Payee	Item Description	Quantity	Unit Cost	Extension	Notes
TOTAL FUNDING REQUEST					

Expected Results: _____

You must present a recap of your results after implementation to the SAC. This should be done at the next scheduled SAC meeting after your project/activity has concluded.

For Committee Use ONLY:

Date of Review: _____ Recommended _____ Not Recommended _____

Rationale: _____

Funding Appropriated From: _____ A+ _____ SAC Funds _____ A+ New Staff Funds

Committee Comments: _____

Budget Committee Chairperson

SAC

Approved for Funding Not Approved for Funding

SAC Chairperson