Form B: Updated 04.05.2018

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# EAGLE MOUNTAIN-SAGINAW ISD

## BUDGET ENHANCEMENTS REQUEST

## 2018-2019 School Year

***This form is used*** to request budget for a new program, new ***service***, ***or enhancement of an existing program or service.***

**Please provide the following required information:**

* A general description and goals of the program
* Details of the project including:
  - Required personnel
  - Personnel who will be responsible
  - Equipment and material cost – initial year and upcoming years
  - Facility requirements
  - Benefits analysis and basis for measurement of outcomes
  - Other information you feel is necessary to evaluate the program

**Enhancements Requestes are due by May 1, 2018, for review by the Leadership Team. Please submit this form by email to Tammy Graves at tgraves@ems-isd.net.**

**CAMPUS/DEPARTMENT** _____ **DATE** _____

**Program/Service Description**

**BUDGET ACCOUNT CODE**

| Fund | | Fct | | Object | | Sub-Obj | | Org | | PIC |
|---|---|---|---|---|---|---|---|---|---|---|
| 199 | - | | - | | - | | - | | - | |

**INITIAL COSTS** _____

**CONTINUING COSTS** _____

**ANCILLARY COSTS** _____

| REQUEST STATUS | |
|---|---|
| DATE | STATUS |
| | |
| | |
| | |

**Submitted By:** _____

**Budget Manager Approval:** _____