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EAGLE MOUNTAIN-SAGINAW ISD

BUDGET ENHANCEMENTS REQUEST

FORM B

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

Requestes are due by May 15, for review by the Leadership Team. Please submit forms 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 _____

Submitted By: _____

Budget Manager Approval: _____