

ST. JOHNS COUNTY SCHOOL DISTRICT
Department for Planning, Accountability and Assessment
 3015 Lewis Speedway, Unit 1
 St. Augustine, Florida 32084
 Telephone (904) 547-8911 Fax: (904) 547-8915



School Advisory Council Request for the Use of Funds
Requests must be made 1 week prior to the SAC Meeting

Date: _____ Requested by: _____

Purpose of the funds requested: _____

What Part of the School Improvement Plan will these funds address?

How will you measure its effectiveness or impact?

In order for this project to be funded by the School Advisory Council, you will be required to provide a 5 minute presentation on how it has been used to improve the school and/or the quality of teaching you are able to provide. Do you agree to this? (Yes or No)

How much funding support do you require?

EXPENSE	COSTS	DATE NEEDED	Brief Description
Materials Needed			
Technology Needed			
Registration Fees			
Travel Expenses			
Hotel Expenses			
Per Diem			
Other			
Other			
TOTAL	\$ 0.00		

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 Date Presented to SAC: _____ Request Approved ____ Request Denied ____

SAC Chair Signature _____ Principal Signature _____

SAC Co- Chair Signature (if applicable) _____