

**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?

<b>EXPENSE</b>	<b>COSTS</b>	<b>DATE NEEDED</b>	<b>Brief Description</b>
Materials Needed			
Technology Needed			
Registration Fees			
Travel Expenses			
Hotel Expenses			
Per Diem			
Other			
Other			
<b>TOTAL</b>			

.....  
 Date Presented to SAC: \_\_\_\_\_ Request Approved \_\_\_\_ Request Denied \_\_\_\_

SAC Chair Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_

SAC Co- Chair Signature (if applicable) \_\_\_\_\_