



Request Date: _____

Please check one:	
Carry-Over Budget:	<input type="checkbox"/>
Current Budget:	<input type="checkbox"/>

Request Form for CAEP Funding

Please fill out the information below

REQUEST:

WORKGROUP:
ACTIVITY:
WG LEADER(S):

Amount Requested:

Please provide a brief description on how the funding will be utilized.

(Sample #1: Attend training seminar/conference for professional development to better serve the students.)

(Sample #2: By attending the conference the amount requested will be disbursed for conference cost and mileage)

Explanation/Justification on how is not supplanting and sustainability moving forward:

Provide a brief description of your program and the outcome you hope to achieve.

(Sample: Support program growth by developing and implementing innovative techniques to recruit new students and retain current students until educational goals are attained.)

Please check one:	
Review for compliance and approval by CAEP Director	<input type="checkbox"/>
Review by state, if needed	<input type="checkbox"/>

Requestor's Signature: _____ Date: _____

CAEP Director's Signature: _____ Date: _____