

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

Requests are due by May 4th, for review by the Leadership Team. Please submit forms by email to Doug Kittinger at dkittinger@ems-isd.net.

CAMPUS/DEPARTMENT _____ **DATE** _____

Program/Service Description

Large empty rectangular area for providing the 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: _____