Valley Academy for Career and Technology Education

FORM FOR SATELLITE DISTRICTS REQUESTING SUPPLEMENTAL FUNDING

Please complete and return the following form with appropriate signatures for your satellite district supplemental funding request.

A. Narrative and budget components:

1. **A narrative description of how requested funds will be used to further the goals of career and technology education for students of the academy district:**

   Include supporting information identifying the following:
   a. **State approved CTE program targeted for supplemental funds:**

   b. **If funds are for a single course identify the sequence placement of the course in the approved program within the satellite district:**

   c. **What will the satellite school provide to help support this request (Club fundraisers, other funding areas to help with cost, space or facilities to be used, etc.)?**

2. **Attach a detailed budget that identifies the type of funding requested, (ie. one time funding, supply funding, capital funding) and amount requested:**

   Type:_____

   Amount: _____

3. **Satellite district contact:** _____

B. Satellite district approval

1. **Superintendent approval of the request for additional funds:**

   Approved_____ **Date**_____
   Denied_____**Date**_____

C. VACTE components

1. **Review of written proposal by VACTE staff: Date**_____
2. **VACTE Superintendent approval of the request for additional funds:**

   Approved_____ **Date**_____
   Denied_____**Date**_____

3. **VACTE Board action:**
   Approved_____ **Date**_____
   Denied_____**Date**_____

Form Date 11/12/2024