

New Program/Services Request

Sonoma County Office of Education

A. New Program Name

B. Budget Manager

C. Funding Source

Agency _____

D. Program Operation Type
 Ongoing _____
 One-Time Only _____

E. Program Revenue Type (check one)

Grant/Entitlement
Grant period _____
Grant amount _____

Fee Based
Local districts _____
Regional _____

Other
Specify _____

General description of the new program functions and services provided

Describe program client(s), the need for service(s) and method to be used to target client base

Describe any matching, maintenance of effort, or other revenue or service required of SCOE

Describe program personnel requirements

Other pertinent information

Reporting requirements

1. Program Activity Reports to outside agency required

Yes No

If yes, indicate due date(s) _____

Program Person Assigned _____

2. Program Budget Reports to outside agency required

Yes No

If yes, indicate due date(s) _____

Program Person Assigned _____

3. Program Expenditure Reports to outside agency required

Yes No

If yes, indicate due date(s) _____

Program Person Assigned _____

Department Director _____ Date _____

Superintendent _____ Date _____