



Summer Program and Extended Day Request

School/ Location of Program Include the address			
Program name			
Program Contact/Coordinator Include name, email and phone number			
Start date			
End date			
Estimated number of student participants			
Is this for community "Facility Use" program? • If yes, please contact Finance to complete Facility Use Application			Yes/No If "yes" please contact valerie.Cooper@Cabarrus.k12.nc.us
Is this funding through Title I?			Yes / No
• If no, what is the funding source?			
• If yes, does it match your Title I plan?			Yes / No
• If no, contact Title I Coordinator to update plan.			
List rooms to be used at the location. *Communicate with your admin team and head custodian.			
A. Estimated staffing expenses			
B. Estimated supplies and materials expenses			
C. Estimated Transportation expenses for: <input type="checkbox"/> Activity Bus Transportation <input type="checkbox"/> School Bus Transportation <input type="checkbox"/> Quote received from _____			
D. Do you plan to serve meals and/or snacks? If yes, indicate estimated expenses			Yes / No
Total estimated cost for program. (Add lines A-D)			
Funding source: budget code			
Approval	Approved	Denied	Signature
Principal Approval			

For Auxiliary Service Use Only		
Next Steps	Mark if complete	Signature
Assistant Superintendent of Auxiliary Services		
Aux. Services add to Master Summer Program document		
Aux. Services verify estimated expenses, dates and locations with, FMD, Technology, and departments listed in lines A-D.		
Approver return form to requestor		