MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.
(For Donations, use Section B)

A. Item Currently Budgeted -

Account Name: CountyWide Safety Repairs & Maintenance

Account Number:

1100	8100	3500	9551	M2050	
Fund	Function	Object	Cost Center	Project	Sub Project

Original Approved Budget	+ -	Budget Amendments	-	Expenditures / Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available
$ 57,000.00		$ 0.00		$ 0.00		$ 57,000.00		$ 0.00		$ 57,000.00

Account Name: _____

Account Number:

Fund	Function	Object	Cost Center	Project	Sub Project

Original Approved Budget	+ -	Budget Amendments	-	Expenditures / Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available
$		$		$		$		$		$

B. Item Currently Not Budgeted -**

Funding Source: Contingent upon Hardening Grant or Millage fundings

Account Name: General contracting will be charged to various schools and departments using approved budgets

Account Number:

11xx/3xxx		6800			
Fund	Function	Object	Cost Center	Project	Sub Project

Amount $ up to 250,000.00

Funding Source: _____

Account Name: _____

Account Number:

Fund	Function	Object	Cost Center	Project	Sub Project

Amount $ _____

C. History

Check one:
Prior Year Budget: ☐
New for Current Year: ☑

Prior Year Approved Budget: $ _____
Prior Year Actual Spent: $ _____

** WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT**