

SCHOOL RECOGNITION FUNDS - DISTRICT REQUEST FORM

We, the undersigned, of ______School, agree to the attached procedure for distribution of School Recognition Funds to be delivered during the ______- - _____school year, should the school be determined eligible for an award by the Florida Department of Education.

Title	Print name	Signature	Date
Principal			
SAC Chairperson			
SAC Co-Chairperson			
(if applicable)			
St Johns Education			
Association Representative			
St Johns Educational Support			
Professional Association			
Representative			

-----District Office use only-----

MEMORANDUM

To: Michael Degutis, Chief Financial Officer

From: David Morell, Director for Planning, Accountability and Assessment

Please see the approved School Recognition Funds plan for ______ School attached.